Ohio Heart Group, Inc.
Quality Care from the Heart

REFERRAL FORM

FAX #: 614-859-1597
FAX DATE: _____

URGENCY OF VISIT:

☐ ASAP ☐ Within One Week ☐ Routine

Diagnosis or Patient Complaint (ICD-9 & ICD-10 required- Please be sure to note location, duration, & severity to meet ICD 10 guidelines):

☐ Office Consult Only ☐ Testing Only
☐ Consult with Testing ☐ Consult for Surgical Clearance
♡ If testing abnormal, please evaluate and treat Surgery Date:

Surgeon Name	Fax Number
Surgery Type	Phone Number

TESTING

Vascular Exams
- ☐ Abdominal Aortic Aneurysm
- ☐ Ankle-Brachial Indexing
- ☐ Carotid Artery Duplex Scan
- ☐ Lower Extremity Duplex Exam

Hospital Exams and Procedures
- ☐ Cardioversion
- ☐ Heart Catheterization
- ☐ Tilt Table Test
- ☐ Transesophageal Echo (TEE)

Additional Services:
- ☐ 24 Hour Blood Pressure Monitoring
- ☐ 24 Hour Holter Monitor
- ☐ Cardiac Event Monitor
  - ☐ 7-Day
  - ☐ 30-Day
- ☐ 6 Minute Walk Test
- ☐ Pulmonary Function Testing
- ☐ Pacemaker Defibrillator Clinic
- ☐ Cardiac Heart Failure Clinic (OSU East)
- ☐ Pulmonary Hypertension Clinic
- ☐ Metabolic Clinic

Stress Tests:
- ☐ Exercise Nuclear Stress Test
- ☐ Lexiscan/Adenosine Stress Test
- ☐ Exercise Treadmill EKG

***Requires copy of EKG & last Office Note**

Echocardiograms
- ☐ 2-D Echo
- ☐ 2-D Echo Bubble Study
- ☐ Dobutamine Stress Echo
- ☐ Stress Echo

***Requires copy of EKG & last Office Note**

PATIENT INFORMATION

Last Name	First Name	Date of Birth	Phone Number
Address		City	Postal Code

Sex	Height	Weight	Social Security #	Does the patient speak English? ☐Yes ☐No	If no, what is the patient's native language?

INSURANCE

Primary Insurance Carrier	Identification Number	Group Number
Secondary Insurance Carrier	Identification Number	Group Number

REFERRING PHYSICIAN

Provider's Name	Office Phone Number	Office Fax Number
Practice Name	Provider's Signature	NPI

PREFERRED LOCATION

☐ Downtown	☐ Grove City	☐ Westerville	☐ Newark
800 East Broad Street Columbus, OH 43205 Phone: 614-859-1580	3983 Jackpot Road Grove City, OH 43123 Phone: 614-594-2920	68 Westerview Drive Westerville, OH 43081 Phone: 614-899-1200	1311 West Main Street Newark, OH 43055 Phone: 740-348-0012

OHG Office Use Only

Appointment Date _____ ***Time*** _____ ***Testing Date*** _____ ***Time*** _____

Scheduled With _____ ***Scheduled With*** _____