DELIVERY NETWORK/LOCATION:

PATIENT NAME:

BIRTH DATE:

MRN:

DATE OF SERVICE:

(If patient ID label not available, please handwrite information.)

Yale New Haven Health

Cardiac Rehabilitation & Wellness Ambulatory Referral

☐ **Bridgeport Hospital**
Cardiac Rehabilitation & Wellness
1305 Post Road, Suite 105. Fairfield, CT 06824
Ph: 203-256-5896 Fax: 203-256-5796

☐ **Greenwich Hospital**
Center for Healthy Living Cardiac & Pulmonary Rehabilitation
500 West Putnam Ave, 3rd Fl, Greenwich, CT 06830
Ph: 203-863-3756 Fax: 203-863-4590

☐ **Lawrence & Memorial Hospital Cardiac Rehabilitation**
365 Montauk Avenue, New London, CT 06320
Ph: 860-442-0711 Ext. 2582 Fax: 860-444-3740

☐ **Westerly Hospital Cardiac Rehabilitation**
45 Wells Street, Suite 101, Westerly, RI 02891
Ph: 401-348-3793 Fax: 401-348-0806

☐ **Yale New Haven Heart Center**
New Haven Cardiac Rehabilitation Program
175 Sherman Avenue, New Haven, CT 06511
Ph: 203-789-3363 Fax: 203-789-4081

☐ **Yale New Haven Hospital**
Cardiac Rehabilitation
84 North Main Street, North Branford, CT 06405
Ph: 203-483-3107 Fax: 203-483-8314

Type: ☐ Cardiac Rehab (telemetry monitored) CPT 93798
☐ Cardiac Rehab (non-telemetry monitored) CPT 93797
☐ Cardiac Rehab Wellness (self-pay)
☐ Peripheral Artery Disease (supervised exercise therapy) CPT 93668

Clinical Reason for Referral: ☐ STEMI ☐ NSTEMI ☐ PCI ☐ CABG ☐ Heart Transplant
☐ Valve Repair/Replacement ☐ Stable Chronic Heart Failure EF: _____
☐ Symptomatic Peripheral Arterial Disease ABI: _____ Symptoms: _____
☐ Chronic Stable Angina
☐ Other: _____

Additional Considerations: _____

Time Date Provider Signature Provider Printed Name