



NHI CLINIC REFERRAL AND ORDER FORM

Please *complete* this order form thoroughly. Fax this order form, the demographic information, copy of the insurance cards, office notes and recent labs and tests to (402) 461-5067.

An appointment can not be made without the proper forms included with this worksheet.

Patient Name _____ Date of Birth ____/____/____
Patient Address _____ Social Security # ____/____/____
Patient Home # ____-____-____ Patient Cell # ____-____-____ Patient Work # ____-____-____

Signs / Symptoms (medical necessity): (Check all that apply) **Requested Cardiologist:** (Circle one)

- Chest Pain Murmur
- Chest Pressure Bruit
- Fatigue Visual Disturbance
- Dyspnea on Exertion Swelling
- Weakness Claudication
- Syncope Abdominal Pain
- Hypertension Renal Insufficiency
- Hyperlipidemia Leg Pain
- Atrial Fibrillation Palpitations
- Other _____ Hx of _____

Outreach Location

Requested Time for Appointment (circle): Next Day 48 hrs 72 hrs 1 week Other _____

Consultation / Test Requested: **HEIGHT:** _____ **WEIGHT:** _____ **DIABETIC:** Y N

- Consultation only EKG
- Echo TEE (Transesophageal Echo)
- Vascular Study (specify) _____
- 24-hr Holter Monitor
- 30-day Event Recorder (pt does not need to come to office/device to be mailed to pt)
- Heart Catheterization
- Myocardial Perfusion Imaging** **Stress Echo** **Treadmill only** (Bruce Protocol)
 - Treadmill (Bruce Protocol) Treadmill (Bruce Protocol)
 - Adenosine Dobutamine
 - Adenowalk
 - Dobutamine

Physician's Signature _____ Date ____/____/____ Form Completed by _____
Physician's Name (please print) _____ Phone (____) -____-____ FAX (____) -____-____

**Nebraska Heart Institute Scheduling Center: 402-489-6555 or 1-800-NHI-DOCS
1-800-644-3627**

FOR NHI OFFICE USE ONLY:		NHI STAFF INITIALS
Appt (date/time): ____/____/____ Arrival Time: ____ with Dr. _____		
Special Instructions: <input type="checkbox"/> None <input type="checkbox"/> Nothing to eat or drink: <u>after midnight</u> / _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> NO caffeine, decaffeinated, or chocolate products 12 hours prior to the test		
		DATE