Nebraska Heart Institute
HEART HOSPITAL

NHI CLINIC REFERRAL AND ORDER FORM – HASTINGS

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

Patient Name _____ M F DOB _____/_____/_____ SSN _____-____-_____

Patient Address: _____ Patient City/State/Zip _____

Patient Home # _____ -_____-_____ Patient Work # _____-_____-_____ Patient Cell # _____-_____-_____

Patient Insurance Carrier: _____ Insurance ID number: _____ Group Number: _____

Insurance Address: _____ Insurance City/State/Zip _____

Subscriber Name (if not patient) _____ M F DOB _____/_____/_____ SSN _____-____-_____

Signs/Symptoms (medical necessity):
(Check all that apply)

- ☐ Chest Pain
- ☐ Chest Pressure
- ☐ Fatigue
- ☐ Dyspnea on Exertion
- ☐ Weakness
- ☐ Syncope
- ☐ Hypertension
- ☐ Hyperlipidemia
- ☐ Atrial Fibrillation
- ☐ Tobacco Use
- ☐ Other_____
- ☐ Murmur
- ☐ Bruit
- ☐ Visual Disturbance
- ☐ Swelling
- ☐ Claudication
- ☐ Abdominal Pain
- ☐ Renal Insufficiency
- ☐ Leg Pain
- ☐ Palpitations
- ☐ Family Hx CAD
- ☐ Hx of_____

Requested Cardiologist:
(circle one)

Friesen Fruehling

King Kosmicki

Requested Time for Appointment:

☐ First Available ☐ Next Day ☐ 48 hrs ☐ 72 hrs ☐ 1 week ☐ Other_____

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

- ☐ **Consultation Only**
- ☐ **Testing with Consultation**
- ☐ Echo
- ☐ TEE (Transesophageal Echo)
- ☐ EKG
- ☐ Vascular Study (specify)_____
- ☐ 24-Hour Holter Monitor
- ☐ 30-Day Event Recorder (patient does not need to come to office – device to be mailed to patient)
- ☐ Heart Catheterization
- ☐ Myocardial Perfusion Imaging
  - ☐ Treadmill (Bruce Protocol)
  - ☐ Lexiscan
  - ☐ Adenosine or Adenowalk
  - ☐ Dobutamine
- ☐ Stress Echo
  - ☐ Treadmill (Bruce Protocol)
  - ☐ Dobutamine
- ☐ Treadmill Only (Bruce Protocol)

_____ Physician's Signature

_____/_____/_____ Date

_____ Form Completed by

_____ Physician's Name (please print)

(_____) -_____-_____ Phone

(_____) -_____-_____ FAX

Nebraska Heart Institute, 715 N. Kansas Avenue, Suite 200, Hastings, NE 68901
Scheduling Center: 402-461-5031 Fax: 402-461-5067

FOR NHI OFFICE USE ONLY:

Appointment (date/time): _____ / _____ **Arrival Time:** _____ **with Dr.** _____

Special Instructions: ☐ None

☐ Nothing to eat or drink: after midnight / _____ ☐ Other _____

☐ NO caffeine, decaffeinated, or chocolate products 12 hours prior to the test

NHI Staff Initial

_____

Date

_____