

# McLaren Greater Lansing Outpatient Cardiac Rehabilitation Physician Authorization Referral Form

- Phase 2 ECG Monitored Exercise Sessions - Insurance may cover for up to 18-36 visits  
 Phase 3 Non ECG Monitored Supervised Exercise Sessions - Self Pay Program not typically covered by insurance

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

StreetAddress: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Insurance: \_\_\_\_\_

## Diagnosis:

Onset Date: \_\_\_\_\_

- MI  Heart Transplant  
 PCI  Heart Failure  
 CABG **Must meet all of the following criteria for heart failure**

- Valve Surgery  EF less than or equal to 35%  
 Stable Angina  NYHA Class II to Class IV Symptoms  
 No Recent (less than or equal to six weeks) Major Cardiovascular Hospitalizations or Procedures  
 No Planned (less than or equal to six months) Major Cardiovascular Hospitalizations or Procedures

If diagnosis other than those listed above, insurance will likely not cover Cardiac Rehab Phase 2.

Other: \_\_\_\_\_ Onset Date: \_\_\_\_\_

## McLaren Cardiac Rehabilitation Department will;

- Schedule a symptom limited graded exercise test with 12 lead ECG prior to starting cardiac rehabilitation and at discharge if needed
- Current lab values are helpful in order to assess the lipid status and individualize diet therapy. A venous blood sample will be drawn and lipids analyzed at the McLaren laboratory.

**I consent to have my patient participate in the Cardiac Rehabilitation Program at McLaren Greater Lansing.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name (Please Print): \_\_\_\_\_

**Thank you for your referral to McLaren Greater Lansing's Cardiac Rehabilitation Program.  
Medical Director: Mohan Madala, MD, FACC**

**Fax Completed Form to (517) 975-7062**  
401 W. Greenlawn Avenue, Lansing, MI 48910  
(517) 975-7050