

Alabama Heart & Vascular Medicine
New Patient Referral Form
Office: (205) 561-2370 and Fax: (205) 345-4921

Please Note: We require our patients to have a Primary Care Physician.

Referring MD: _____ Office Contact: _____

Office Phone: _____ Office Fax: _____ Primary Care Physician: _____

Patient Name: _____ DOB: _____ Sex: _____ Race: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary Insurance: _____ Contract #: _____ Group #: _____

Secondary Insurance: _____ Contract#: _____ Group#: _____

HAS THE PATIENT SEEN A CARDIOLOGIST IN THE PAST? YES / NO If yes, who: _____

Please request a copy of these medical records to be faxed to our office at (205) 345-4921.

PLEASE INDICATE TESTING OR CONSULTATION NEEDED BELOW:

- | | | |
|---|--|---|
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Stress Echocardiogram | <input type="checkbox"/> Myocardial Perfusion Scan (nuclear stress) |
| <input type="checkbox"/> Carotid Ultrasound | <input type="checkbox"/> LEA/ABI Duplex | <input type="checkbox"/> Venous Reflux System (VRS) |
| <input type="checkbox"/> Renal Duplex | <input type="checkbox"/> Aorta Ultrasound | <input type="checkbox"/> Carotid Ultrasound |
| <input type="checkbox"/> Holter Monitor (24 hr) | <input type="checkbox"/> Zio/Event Monitor | <input type="checkbox"/> Consultation |

DIAGNOSIS: _____

Patient Needs Appointment: within ONE WEEK within 2-3 WEEKS within 4-6 WEEKS

Please fax the following items with this form in order to complete appointment referral.

<input type="checkbox"/> Fax cover sheet	<input type="checkbox"/> Last office visit	<input type="checkbox"/> \$300 charge for no insurance
<input type="checkbox"/> This referral form	<input type="checkbox"/> Last lab results	<input type="checkbox"/> New patient paperwork can be
<input type="checkbox"/> Patient demographics	<input type="checkbox"/> Last chest xray	<input type="checkbox"/> picked up at the office or download
<input type="checkbox"/> Insurance card/referral	<input type="checkbox"/> Other applicable testing results	<input type="checkbox"/> on website: bamaheartdoc.com

----- AHVM Internal Use Only -----

Appointment is with _____ Date _____ Time _____

Scheduled testing Date _____ Time _____

Referral Received: _____ Faxed _____ Initials _____

Please contact patient with their appointment information. Have them bring their completed new patient paperwork, their insurance card(s), driver's license, copay, and their medications in the original bottles or an updated medication list