UnityPoint Health
St. Luke's Hospital

St. Luke's Heart Care Clinic
202 10th St., Suite 225
Cedar Rapids, Iowa 52403
(319) 364-7101
fax (319) 363-1993
unitypoint.org

Cardiac Clearance Form

Please complete this form, print and fax it to (319) 363-1993.

Patient Information:

First Name:_____ Last Name:_____ DOB: _____

Address: _____

City:_____ State:_____ Zip:_____

Phone: _____ Language:_____

Medical History – Please Include the Following:

- Seen at Cardiology in the last 6 months: □ Yes □ No
  If Yes – Provider's Name:_____
- Last Office Note from Surgeon's Office
- Last EKG
- Complete Medication List

Procedure Details:

Procedure Name: _____

Requesting Provider's Name: _____

Date of Procedure:_____ Facility Name: _____

Type of Anesthesia: _____

Estimate Blood Loss: _____

Length of Procedure: _____

Medication Hold Request (Please include duration of hold): _____

Fax back to: _____

Worker's Compensation Claim:_____ **Adjuster Name:**_____

Address: _____

City:_____ State:_____ Zip:_____

Phone:_____ Fax: _____

Date of Injury: _____

Office Use Only: Appointment Needed □ No □ Yes – **Scheduled:**_____