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**

# Specialty Referral Form
# CARDIOLOGY – HEART CARE CLINIC

*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: _____

Insurance (please provide front/back copy of card): _____

**Referring Office:**

Date of Referral: _____

Referring Provider: _____ Referring Office: _____

Phone: _____ Fax: _____ City: _____ State: _____

Referring Diagnosis (ICD-10): _____

Urgency: ☐ First Available ☐ Urgent *Please call directly for urgent referrals in addition to form

**Past Medical History**:

When faxing this form, please:

- Include most recent H&P and cardiac records
- Include complete medication list

*Has the patient ever established with a cardiologist? ☐ Yes ☐ No

*Name of Previous Cardiologist:_____ Has the patient had previous cardiac testing?

*Office Phone Number: _____ *If yes, please include all reports and images.

*Office Fax Number:_____

**If you are requesting diagnostic testing and not establishing care with our providers, please send the diagnostic order signed by a physician.**

**Fax this completed form to St. Luke's Heart Care Clinic at (319) 363-1993.**