

Dr. Ornish's Program for Reversing Heart Disease™ Intensive Cardiac Rehabilitation (ICR) Physician Referral Form



ornish
lifestyle medicine

Patient Name: _____ Phone # _____ Med Record # _____

Diagnosis (please check one of the following diagnoses):

The following diagnostic criteria and/or ICD-10 codes may be covered when referring a patient to the Ornish ICR:

Post MI – Less than eight weeks Date: _____/_____/_____ (MM / DD / YYYY)

- STEMI Anterior wall I21.09 STEMI Rt Coronary Artery I21.11 STEMI Unspecified Site I21.3
 STEMI Inferior wall I21.19 STEMI Other Sites I21.29 Non-ST Elevation (NSTEMI) I21.4
 Post MI – More than eight weeks I25.2 Date: _____/_____/_____ (MM / DD / YYYY)

Cardiac Surgery/Procedure Date: _____/_____/_____ (MM / DD / YYYY)

- Heart Transplant Z94.1 Post Aortocoronary Bypass Graft Z95.1
 Xenogenic Heart Valve Z95.3 Prosthetic Heart Valve Z95.2
 Coronary Angioplasty Z98.61 Coronary Angioplasty with Implant & Graft Z95.5

Other Cardiac History / Risk Factors

- Angina pectoris, unspecified I20.9 Other Forms Angina Pectoris I20.8
 Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris I25.10
 Atherosclerosis of Coronary Artery Bypass Graft without Angina Pectoris I25.810
 Atherosclerosis of Native Coronary Artery of Transplanted Heart without Angina Pectoris I25.811
 Atherosclerosis of Bypass Graft of Coronary Artery of Transplanted Heart without Angina Pectoris I25.812
 Metabolic Syndrome E88.81 Other Hyperlipidemia E78.4 Hyperlipidemia, Unspecified E78.5
 Lipoprotein Deficiency E78.6 Elevated C-Reactive Protein E79.82 SIRS, Non-infectious R65.10
 Essential (primary) Hypertension I10 Obesity, Unspecified E66.9 Obesity, Morbid E66.01
 Family History of Ischemic CV Z82.49 Impaired Fasting Glucose R73.01 Dependence on Nicotine F17.200

Diabetes Mellitus – Type I

- Without Complications E10.9 With Hyperglycemia E10.65 With Hypoglycemia without Coma E10.649
 With Neuropathy, Unspecified E10.40 With Unspec Complications E10.8 With Other Kidney Complication E10.29

Diabetes Mellitus – Type II

- Without Complications E11.9 With Hyperglycemia E11.65 With Hypoglycemia without Coma E11.649
 With Neuropathy, Unspecified E11.40 With Unspec Complications E11.8 With Other Kidney Complication E11.29

Heart Failure HF, Unspecified I50.9 Left Ventricular Failure I50.1 Unspecified Systolic I50.20

Other (indicate Code): _____

Please fax to (808) 522-4134 with referral: Lipid Panel, A1C, hsCRP, Stress Test Summary, Echo, ECG and other relevant medical history unless available in Electronic Health Record. **Please provide a prescription for Labs: Lipids, HgbA1c and hsCRP for the following 2 time points: pre-Program (if no draw in last 3 months) and post-Program.**

To comply with CMS requirements for an Individualized Treatment Plan (ITP), please check one of the following options:

- I authorize my patient's exercise prescription to be developed by the ICR staff and the ICR Medical Director.
 Exercise prescription for my patient (please document recommendations here):

Other recommendations for my patient: _____

I authorize my patient to enroll in the Straub Clinic and Hospital Intensive Cardiac Rehabilitation Program.

Local center name

I understand that I will continue to provide regular medical care to my patient throughout the duration of the Program.

Name of Physician (please print): _____

Physician Signature: _____ **Date:** _____