



DENALI HEALTHCARE SPECIALISTS

CARDIOLOGY REFERRAL FORM

PATIENT PROFILE			
Last Name:	First name:	Date of Birth:	Age: Male Female
Address:			
Telephone #:	Alt. Phone #:	Email Address:	
Primary Insurance:		Secondary Insurance:	
REASON FOR PATIENT REFERRAL		PROVIDER PREFERENCE	
		First Provider Available	
		Specific Provider:	
CHIEF COMPLAINT / DIAGNOSIS (Check all that apply)			
<input type="checkbox"/> Chest pain (Angina)		<input type="checkbox"/> Coronary artery disease	
<input type="checkbox"/> Syncope / Dizziness		<input type="checkbox"/> Heart murmur / Valvular heart disease	
<input type="checkbox"/> Palpitations		<input type="checkbox"/> Hypertension (send BP reading(s))	
<input type="checkbox"/> Cyanotic episodes / Short of breath		<input type="checkbox"/> Hyperlipidemia (send laboratory test results)	
<input type="checkbox"/> Arrhythmias		<input type="checkbox"/> Abnormal ECG (send ECG)	
<input type="checkbox"/> Atrial fibrillation		<input type="checkbox"/> Transient ischemic attack (TIA)	
<input type="checkbox"/> Tachycardia		<input type="checkbox"/> Cardiac clearance	
<input type="checkbox"/> Congestive heart failure		<input type="checkbox"/> Adult congenital heart disease	
<input type="checkbox"/> Cardiomyopathy		<input type="checkbox"/> Pulmonary hypertension	
<input type="checkbox"/> Peripheral vascular disease		<input type="checkbox"/> Thromboembolic disease	
Other Relevant Clinical Information:			
Referring Physician: _____		NPI: _____	
Address: _____		Phone: _____ Fax: _____	
Special Instructions: _____			
Signature: _____		Date: _____	

*Please fax referral form to us along with patient demographics, insurance card(s), and relevant clinical notes.
If patient has recent ECG, please send results with patient. Thank you for referring your patient to us!*

Anchorage Office
4048 Laurel Street, Suite 202
Anchorage, AK 99508
Phone: 907.677.1008
Fax: 907.677.1022

Wasilla Office
351 West Parks Highway, Suite 101
Wasilla, AK 99654
Phone: 907.357.8483
Fax: 907.357.8499

Soldotna Office
206 Rockwell Avenue, Suite 101
Soldotna, AK 99669
Phone: 907.262.0441
Fax: 907.262.0442