



1605 East Broadway Ste. 300 Columbia, MO 65201  
Phone (573) 256-7700 Fax (573) 256-3003

Today's date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Office name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact name: \_\_\_\_\_

Diagnosis / Reason for Referral: \_\_\_\_\_

Physician Preference: \_\_\_\_\_  First Available

Previous Cardiologist ?  YES  NO If YES: Name and location: \_\_\_\_\_

**Patient information:** *Complete this section if Demographic Sheet Unavailable*

Full legal name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Insurance Information:** *Complete this section if Demographic Sheet Unavailable*

Primary: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Other Appointment Information:**

PCP: \_\_\_\_\_ Is this appointment for Workman's Compensation?  YES  NO

Does the insurance company require a referral?  YES  NO Will the PCP Fax Referral ?  YES  NO

**In order to schedule promptly, please include:**

- Demographics Sheet
- Front & Back of Insurance Cards
- Patient Clinic Notes - Within Last 6 Months
- Lab Results - Including Most Recent Lipid Panel
- Cardiovascular Testing Reports: Echocardiogram, Stress Testing, EKG, Holter Monitor, Catheterization, Surgery, Device Implant**

<b>MHC Office use only:</b>	
Patient Packet Sent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Records: <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Meditech <input type="checkbox"/> Hand Carried <input type="checkbox"/> None
Information Gathered By: _____	Date: _____
Appointment Made By: _____	Date: _____
MHC Registration Dr: _____	

*Fax the above information and this completed form to: (573) 256 - 3003*