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

Patient Information

First Name: _____ Last Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Language: _____
Insurance (please provide front/back copy of card): _____

Past Medical History

☐Include most recent H&P including complete medication list

Referring Office

Date of Referral:_____
Referring Provider: _____ Referring Office: _____
Phone: _____ Fax: _____ City: _____ State: _____
Reason for Referral: _____
Degree of Specialty Involvement: ☐ Manage ☐ Co-Manage ☐ Consult
Urgency: ☐ First Available ☐ Urgent *Please call directly for urgent referrals in addition to form

Required Records/Testing

Has the patient ever established with a Cardiologist? ☐ YES ☐NO
→ If yes, include records ☐

Has the patient had previous cardiac testing? ☐ YES ☐NO
→ If yes, include reports/imaging ☐

Scheduling

Please call (319) 364-7101 or (319) 739-2036 to schedule an appointment.

OFFICE USE ONLY:

- □ Cardiology Evaluation
- □ Cardiac Clearance
- □ Other: