

Expedited Evaluation and Cardiac Catheterization Intake Form

Referring Clinician:	
Name:	Contact Phone:
E-mail:	Fax Number:
Patient Information	
Name:	Contact Phone:
Gender: M / F D.O.B.: (mm,	/dd/yy) Prior visit to BWH? Y / N
Critical History:	
History of MI: Y / N	
History of CABG: Y / N If yes, when/where:	
History of coronary stent: Y / N If yes when/where	
History of lower extremity peripheral vascular surgery: Y/N	
History of contrast allergy: Y / N Other known allergies:	
On Coumadin Y / N Premenopausal woman? Y / N	
History of renal insufficiency or screening creatinine >= 2.0 mg/dl: Y/ N	
Information Required	
Brief History and physical (within 30 days) or [] available in LMR (please check)	
2. Laboratory results: Basic Metabolic Profile, CBC Diff, PT/PTT, Urinalysis (within 30 days)	
3. EKG (within 30 days of procedure date)	
4. Results of exercise or pharmacologic stress test (images not required)	
Expedited Evaluation Type Requested:	
Please check one of the following:	[] Evaluation on same day as planned procedure (w/in 7 days)
	[] Priority outpatient clinic w/ Interventional Faculty w/in 7 days planned cath within 2 weeks

THIS FORM WILL BE REVIEWED WITHIN 1 BUSINESS DAY. YOU CAN EXPECT THAT YOUR PATIENT MAY BE SEEN FOR THEIR PROCEDURE WITHIN 1 WEEK OF YOUR REQUEST.

Please fax this form and all requested information to:

Attention: Dr. Fred Resnic, 617-732-7122

Questions/Concerns: 617-732-7133; Interventcard@partners.org