Missouri Heart Center

Columbia Office
Phone (573) 256-7700
Fax (573)256-3003

Macon Office
Phone (660) 395-8914
Fax (660)395-8912

Mexico Office
Phone (573)581-3240
Fax (573) 581-7493

Sedalia Office
Phone (660)827-1771
Fax (660)827-1422

mail@moheartcenter.com

Fax or send secure email to the location of choice

Today's date: _____

Referring Physician: _____ Primary Care: _____

Phone #: _____ Fax #: _____ Contact name: _____

Diagnosis / Reason for Referral: _____

Previous Cardiologist ? ☐YES ☐NO

If YES: Name and location: _____

Patient information:

Full legal name: _____ DOB: _____ ☐Male ☐Female

Home #: _____ Cell #: _____ SS#: _____

Address: _____ City: _____ Zip code: _____

Insurance Information:

Primary: _____ ID #: _____ Group #: _____

Secondary: _____ ID #: _____ Group #: _____

Does the insurance company require a referral? ☐YES ☐NO Referral Completed (if applicable)? ☐YES

Other Appointment Information:

Is this appointment for Workman's Compensation? ☐YES ☐NO

If yes, who is the point of contact and company? _____

In order to schedule promptly, please include:

☐Demographics Sheet

☐Front & Back of Insurance Cards (Including prescription card)

☐Patient Clinic Notes - Within the Last 1 year

☐Lab Results - Including Most Recent Lipid Panel

☐**Cardiovascular Testing Reports:** Echocardiogram, Stress Testing with EKG tracings, EKG, Holter Monitor with tracings, Event Monitor with tracings, Cardiac Catheterization, Surgery, Device Implant, Calcium Score, Vascular testing

☐**Cardiovascular Images:** Please send CD images of Echocardiogram, Cardiac Catheterization, CTA's if not completed at Boone Hospital and/or Missouri Heart Center

MHC Office use only:

Information Gathered By: _____ Date: _____