



# HEALTH FOR LIFE PRIMARY PREVENTION PROGRAM

## Referral Available in LifeChart for Lifespan Physicians Under Procedure REF5088

PATIENT \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**1. PRIMARY PREVENTION** \_\_\_\_\_ ICD-10

No prior cardiac event or interventions, cardiac risk factors only

**2. CARDIAC MAINTENANCE/  
PULMONARY MAINTENANCE** \_\_\_\_\_ ICD-10

- Cardiac event or intervention > one year
- Arrhythmia and/or pacemaker and/or ICD
- Following a Pulmonary program

**3. BARIATRIC**

**Pre Procedure** \_\_\_\_\_ ICD-10

Weight loss regimen prior to surgery

**Post Procedure** \_\_\_\_\_ ICD-10

- Lap Band
- Gastric Bypass
- Sleeve procedure

**4. WEIGHT MANAGEMENT** \_\_\_\_\_ ICD-10

Participant in TMH Weight Management Program

**5. VASCULAR** \_\_\_\_\_ ICD-10

- Post-op to peripheral stenting
- Peripheral Bypass
- Exercise as treatment for claudication

An exercise stress test **IS REQUIRED** for entrance into the Health for Life Primary Prevention Program.

- Please perform at the Center for Cardiac Fitness
- Results enclosed
- It has been scheduled for DATE \_\_\_\_\_  
(please provide results)

NAME OF PHYSICIAN (PLEASE PRINT) \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ MD SIGNATURE: \_\_\_\_\_

Please forward recent office note, EKG, lipid profile and **post-event** exercise stress test to:  
**The Center for Cardiac Fitness at 401-793-5815**