



Member, Pediatric Quality Assurance Consortium
Member, Pediatric Cardiomyopathy Registry
We specialize in:
Congenital Heart Disease
Echocardiography
Fetal Echocardiography
Risk Factor Assessment

Cook Children's Heart Center locations:

Abilene | Alliance | Arlington | Denton | Fort Worth | Mansfield
Midland | San Angelo | Southlake | Waco | Wichita Falls

682-885-CARD | hearts@cookchildrens.org

referral form

Date _____

Patient name _____ DOB _____

Address _____

Guardian name _____

Contact numbers work _____ home _____ mobile _____

Referring physician _____ phone _____ fax _____

Primary insurance name _____ ☐ HMO ☐ PPO ☐ POS

Other _____

Authorization number _____ Appointment priority ☐ same day (emergency only) ☐ 2-4 weeks ☐ beyond 4 weeks

Have the following tests been performed?

(please circle)

EKG (electrocardiogram) Yes No where _____

Echocardiogram Yes No where _____

Holter Monitor Yes No where _____

Treadmill Exercise Test Yes No where _____

Cardiology services requested:

(please circle)

Consultation EKG

Echo 24-hour Holter

Sports EKG
(physical not provided by Cardiology) Other _____

Reason for referral:

(please circle)

Chest pain Abnormal EKG

Dyspnea Abnormal stress test

CHF CHD

Murmur Syncope

Kawasaki Palpitations

Arrhythmia Valvular heart disease

Cardiomyopathy Cholesterol

Other

06/09

Physician signature _____

Please fax this form, plus a copy of the patient's insurance card to 682-885-2329.