

Geetha M. Reddy, M.D. F.A.C.C.

EECP (Enhanced External Counterpulsation) Physician Referral Form

1. PATIENT INFORMATION:

Patient Legal Name: _____ DOB: _____ Med Record# _____
Phone: _____
Address: _____
City: _____ Zip code: _____

2. PATIENT DIAGNOSIS:

- ☐ Coronary Artery Disease, Native Vessels with Angina Pectoris, Class III or IV Canadian Cardiovascular Society (CCSC) (I25.118)
- ☐ Coronary Artery Disease, Bypass Grafts with Angina Pectoris, Class III or IV Canadian Cardiovascular Society (CCSC) (I25.708)

COMORBIDITIES:

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Hyperlipidemia (E78.5) | <input type="checkbox"/> History of tobacco dependence (Z87.891) |
| <input type="checkbox"/> Obesity (E66.9) | <input type="checkbox"/> Type 1 Diabetes (E10.9) |
| <input type="checkbox"/> Hypertension (I10) | <input type="checkbox"/> Obesity (E66.9) |
| <input type="checkbox"/> Smoking (current tobacco dependence - F17.200) | <input type="checkbox"/> Smoking (current tobacco dependence (F17.200) |
| <input type="checkbox"/> Type 2 Diabetes (E11.9) | <input type="checkbox"/> History of tobacco dependence (Z89.891) |

3. PHYSICIAN INFORMATION: Name: _____ Phone: _____

My patient is not readily amenable to surgical intervention, such as PTCA or cardiac bypass because:

- ☐ Their condition is inoperable, or at high risk of operative complication or post-operative failure;
- ☐ Their coronary anatomy is not readily amenable to such procedures; or
- ☐ They have co-morbid states, which create excessive risk.

ABI: _____ Date Performed: _____

I have reviewed my patient's medical history and have found none of the following contraindications to EECP therapy:

- Bleeding diathesis
- Active thrombophlebitis (history of DVT requires current ultrasound clearance)
- Severe lower extremity vaso-occlusive disease
- Documented aortic aneurysm requiring surgical repair
- Pregnancy

***Administer O2 2-4 liters/minute per nasal cannula to maintain O2 saturation greater than 89% during EECP treatment

Print Physician Name: _____

Physician Signature: _____ Date: _____ Time: _____

1880 W. Winchester Rd., Ste 207
Libertyville, IL – 60048

103 S. Greenleaf, Ste J
Gurnee, IL 60031

3021 Falling Waters Blvd , Ste C
Lindenhurst, IL 60046

Phone (847) 816-3703 Fax (847) 816-4534