Weill Cornell Medical College

NewYork-Presbyterian Hospital
Weill Cornell Medical Center

Joan and Sanford I. Weill Medical College

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Birgit Jorgensen, Nurse Practitioner
Rosemarie Gadioma, Nurse Practitioner
Cecilie Gjerde, Nurse Practitioner
Madeline Yushak, Research Nurse Coordinator
Sylvia Gottlieb, Administrative Coordinator

Advanced Heart Failure,
Mechanical Circulatory Support
and Pulmonary Vascular Disease Programs
Perkin Center for Heart Failure
Division of Cardiology

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Referral Checklist

Patient's Name: _____ Patient's Date of Birth: _____

Patient's Telephone: _____ Insurance/ID# _____

Physician's Name: _____

Physician's Telephone/Fax _____ / _____

Diagnosis: _____ Purpose of Visit: _____

Please fax medical records (any and all cardiac related records) to: **212 746-6665**

___ History & Physical/Medication list
___ Cardiac Catheterization Report
___ Echo Report
___ Recent EKG
___ Chest X-Ray Report
___ Chest CT Report
___ Recent blood tests
___ Cardiopulmonary Exercise Test Report
___ Pulmonary Function Test Report
___ Ventilation/Perfusion Lung Scan Report
___ Electrophysiology Report
___ Holter Report
___ Event Monitor Report
___ Carotid Doppler Report
___ Lower Extremity Doppler Report

Please note – patient may not have taken all tests. Do not schedule additional testing before discussing with Dr. Horn or her staff