



# CENTRAL PA PHYSICIANS GROUP

Toll Free: (814) 201-2309 • Fax: (814) 201-2389

### Cardiology & Vascular

Ziad Khoury, MD, FACC  
Kaliah Reeves, CRNP

Michelle Dunio, CRNP  
Jordan Luther, PA-C

### Podiatry & Wound Care

Donald Mrdjenovich, DPM  
Gerald Gronborg, DPM

## Referral Form

The last progress note, all relevant lab work, studies, x-rays, etc MUST be submitted with referral form.  
Thank you!

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Patient Insurance Carrier: \_\_\_\_\_ Allergies: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Referring Clinician: \_\_\_\_\_ Referring Clinician Phone: \_\_\_\_\_

Referring Clinician Signature: \_\_\_\_\_

**Schedule patient for:**       Initial Consult       Follow-up visit

**Please circle preferred location:**      Altoona      Everett      Patton      Roaring Spring

### Schedule Patient for Non-Invasive Studies:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Exercise Stress Echo   | <input type="checkbox"/> Nuclear Stress Test | <input type="checkbox"/> Regular Stress Test |
| <input type="checkbox"/> Holter Monitor | <input type="checkbox"/> BLE PVR/Arterial       | <input type="checkbox"/> Venous Reflex       | <input type="checkbox"/> Venous DVT          |
| <input type="checkbox"/> Renal US       | <input type="checkbox"/> Mesenteric             | <input type="checkbox"/> Aorta               | <input type="checkbox"/> Carotid             |
| <input type="checkbox"/> Sleep Study    | <input type="checkbox"/> Cardiac Rehab/Wellness |  |  |

### Symptoms:

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Chest discomfort                      | <input type="checkbox"/> Shortness of breath       | <input type="checkbox"/> Dizziness               | <input type="checkbox"/> Palpitations |
| <input type="checkbox"/> Pain when walking                     | <input type="checkbox"/> Cramping in legs at night | <input type="checkbox"/> Persistent leg swelling | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Foot and lower extremities ulceration |  |  |                                       |

### Concurrent Diagnosis:

- |                                       |   |  |                                      |
|---------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Hyperlipidemia | <input type="checkbox"/> History of CVA/Stroke | <input type="checkbox"/> Tobacco Use |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Erectile Dysfunction  | <input type="checkbox"/> Wound _____ |
| <input type="checkbox"/> 65 and over  |   |  |                                      |

### Additional Notes/Symptoms:

ALTOONA • 914 South 12<sup>th</sup> Street • Altoona, PA 16602  
EVERETT • 265 Hospital Drive • Everett, PA 15537  
PATTON • 350 Birch Street #100 • Patton, PA 16668  
ROARING SPRING • 99 Nason Drive • Roaring Spring, PA 16673