PHYSICIAN REQUISITION
HEART & LUNG WELLNESS
A teaching clinic of National College of Natural Medicine

Call 503-232-1100 or Fax 503-232-7751 to Schedule

Patient Name ___________________________ DOB __________ Date ________
Diagnosis with ICD-9 ____________________________
Present Rx ____________________________
Other Pertinent info ____________________________
Referring Dr. ____________________________
Dr. Phone _________________ Dr. Fax _________________
Dr. Address ____________________________

CONSULTATIONS
Medical records are required during consultation
☐ Consultations & Second Opinions with Narrative Reporting

CARDIAC
☐ Resting ECG with interpretation
  ☐ with monitoring to capture arrhythmia
  ☐ frequency/severity if indicated
☐ 24 Hour, Holter Monitor with interpretation
☐ 48 Hour, Holter Monitor with interpretation
Event Monitor for
  ☐ 1 week ☐ until arrhythmia is captured
  ☐ chest plate ☐ ongoing telemetry up to 30 days
☐ Resting Transthoracic Echocardiogram (off-site):
  ☐ Adult ☐ Pediatric
☐ Exercise Treadmill Stress Test
  (patient preparation instructions on reverse side)
☐ Exercise Tolerance Testing with ECG Monitoring
  (determines a safe and effective target aerobic heart rate)
☐ Exercise - Aerobic Cardiac Rehabilitation ______
  times weekly for__________ weeks or choose
  duration & frequency based on tolerance
☐ Oxygen Multistep Therapy (oral antioxidants
  followed by aerobic exercise with hyperbaric oral
☐ Live O₂ Adaptive Oxygen Therapy (Vasodilating)

VASCULAR ULTRASOUND (off-site)
☐ Abdominal Aortic Aneurysm
☐ Carotid Artery Duplex, Bilateral
☐ C.I.M.T. (Carotid Intima Media Thickness)
☐ Renal Artery ☐Mesenteric Artery
  Lower Extremity
  ☐ Arterial ☐ Venous ☐ Bilateral
  ☐ Unilateral ☐ Left Leg ☐ Right Leg
  Upper Extremity
  ☐ Arterial ☐ Venous ☐ Bilateral
  ☐ Unilateral ☐ Left Leg ☐ Right Leg

OTHER VASCULAR STUDIES
Audio Doppler, Plethysmography and Rheography
☐ Carotid arterial audio doppler
  (bilateral study of common, external & internal)
Ankle/Brachial Index (ABI)
☐ Resting ☐ Exercise
Arterial Audio Doppler/Rheography with Waveforms
☐ Upper extremity ☐ fingers
☐ Lower extremity ☐ toes
☐ Lower extremity venous photoplethysmography
  (refill time in venous insufficiency)
☐ Lower extremity venous doppler
  (with augmentation - DVT vs venous insufficiency)

ULTRASOUND - GENERAL (off-site)
☐ Abdominal Rt. Upper Quadrant / Limited
☐ Abdominal Complete
☐ Pelvic Trans-abdominal Only
☐ Pelvic Trans-abdominal & Trans-vaginal
☐ Thyroid & Parathyroid
☐ Testicular & scrotum
☐ Soft tissue (name specific anatomical structures)
Patient Preparation (please follow carefully)

Exercise Stress - Exercise Tolerance Test

- Do not eat, smoke, or drink caffeinated beverages 2 or more hours before being tested.
- You may need to avoid some medications before being tested. Please ask your doctor to advise you about this.
  
  All vitamins, minerals and herbs should be avoided the day of the test.
- Wear loose fitting clothing and walking shoes or sneakers.
  
  You will sweat during the exercise and may wish to bring a change of clothing.
- Plan to arrive early for check-in.
- The test takes about 60 minutes.
- You will be asked to sign an informed consent before being tested.

Heart & Lung Wellness at the Center for Natural Medicine
1330 SE Cesar E. Chavez (39th) Blvd
Portland, Oregon 97214

Phone: 503-232-1100
Fax: 503-232-7751

Web: cnmwellness.com
Email: h1resident@cnmwellness.com

For more forms and info visit: cnmwellness.com/heart-lung-wellness/

Specializing in AFFORDABLE Naturopathic Cardiovascular & Pulmonary Care
Please contact CNM (503) 232-1100 for Community Clinic and other DISCOUNTED FEES

A COLLABORATIVE ALLIANCE BETWEEN