

# PATIENT CHECKLIST FOR CARDIOVASCULAR SURGERY CONSULTATION

We look forward to working with you as you consider cardiovascular surgery at Cleveland Clinic. In order to ensure a complete and accurate consultation, please carefully read this checklist and get all the requested information and records ready to send to our doctors. The surgeon cannot review your information until everything is sent to us. Thank you!

**STEP 1: CONTACT THE HEART & VASCULAR RESOURCE NURSES.** Let the nurse know you would like a consultation for cardiovascular surgery. Call 866.289.6911 or email [heartcenter@ccf.org](mailto:heartcenter@ccf.org). **If you send an email, you MUST put “confidential patient information” in the subject line.** You can also chat online with a nurse at [clevelandclinic.org/heartnurse](http://clevelandclinic.org/heartnurse). We need to set up a chart **BEFORE** you send your information.

- The nurse will tell you how and where to send the information on the checklist.

**STEP 2: COMPLETE THE INFORMATION BELOW AND SEND IN WITH YOUR MOST RECENT MEDICAL RECORDS RELATED TO YOUR CONDITION.** The nurses will also need this information when you call.

GENERAL INFORMATION	
<input type="checkbox"/>	Your full name (printed) _____
<input type="checkbox"/>	Date of Birth (Mo/Day/Year) _____ Gender M/F Social Security # _____
<input type="checkbox"/>	Full Address _____ _____
<input type="checkbox"/>	Email address _____
<input type="checkbox"/>	Phone (Home) _____ (Cell) _____ (Work) _____
<input type="checkbox"/>	Insurance provider for this procedure and care _____ (Please send a copy of the <b>front and back</b> of your insurance card. You may take/scan pictures and send through email. Please put “confidential patient information” in the subject line).
<input type="checkbox"/>	Your cardiologist’s name, practice name, phone #, FAX #, address _____ _____ _____
<input type="checkbox"/>	Your primary care doctor’s name, practice name, phone #, FAX #, address _____ _____ _____
<input type="checkbox"/>	Your diagnosis _____
<input type="checkbox"/>	Additional information or comments related to this surgical review _____ _____
<i>CONTINUED</i>	

- Approved contacts:** Please list the names of people we are permitted to contact about your medical care and/or appointment information (ie, spouse, children)
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### STEP 3: GET ALL SURGICAL AND MEDICAL INFORMATION/RECORDS LISTED BELOW\*

- If you have had heart surgery:** Your surgeon's operative report and hospital discharge summary
- If you have had a cardiac catheterization:** Most recent CD recording of catheterization and report (ask your doctor for Dicom format)
- EKG results
- Echocardiogram results (Including TTE, TEE and stress echos, if you had these): Send the most recent CD (ask your doctor for Dicom format) and report (within last 6 months) and old reports so the surgeon can compare them
- Other test reports and images (on CD), such as stress testing, MRI, CT scan, cardiac ultrasound (ask your doctor for Dicom format)
- If you have had a device, like a pacemaker or defibrillator:** Send a copy of the front & back of device card
- Recent medical history and results of physical (within the last year)
- Recent doctor notes related to your heart condition (within the last year)

*\*All test results and images should be as recent as possible and no older than one year. If newer results are not available, repeat testing may be needed. Tests can be done at a local hospital or an appointment can be made with a Cleveland Clinic cardiologist.*

**PLEASE NOTE:** *The information sent to us for review will NOT be returned to you. If you would like copies of your information, please make them before you send your information to us. Thank you!*