



1855 S. Main St. Suite A  
Goshen IN, 46526

**Cardiology- New Patient Referral Form**

**Dr Farid Jalinous**, Interventional Cardiology  
**Dr Sreenivas Kamath**, Interventional Cardiology  
**Dr. Blair MacPhail**, Interventional Cardiology  
**Dr. Abrar Sayeed**, General Cardiology  
**Dr. Djavid Hadian**, Electrophysiology

Please complete this form and fax it, along with last office visit notes, Recent Medication list, recent labs, recent EKG/ECG, Echo's, Stress Tests, Heart Catheterization, Arteriograms, Carotid Ultrasound, along with a **copy of the patient's insurance card and demographics.**

**If an echo/heart catheterization is done outside of Goshen Health, please make a copy on a CD. You can either mail a copy or send a copy with the patient.**

**Patients will not be scheduled until we receive this completed form along with medical records.**

**For urgent request please call our office to alert us after records have been faxed.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_

Insurance: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Primary Language: \_\_\_\_\_

Interpreter needed Yes: \_\_\_\_\_ No: \_\_\_\_\_

**REFERRING PROVIDER:** \_\_\_\_\_

Reason for referral (with ICD---10 codes):  
\_\_\_\_\_

**RETURN FAX TO: (574) 533-7145 Attn. Sheila Pace Phone (574) 364-3921**