



Goshen Hospital

Cardiopulmonary Rehab Services

1855 South Main St., Suite B

Goshen, IN 46526

Office 574-364-2587 Fax 574-364-2531

Patient Name _____	Ordering Physician Signature _____
Date of Birth _____ Social Security _____	Ordering Physician _____
Address _____	
City _____ State _____ Zip _____	Primary Care Physician _____
Telephone # _____	Send Copy To _____
	Fax Results To _____
Primary Insurance _____	
Primary Policy # _____ Group # _____	Diagnosis #1 _____ ICD- 10Code _____
	Diagnosis #2 _____ ICD-10 Code _____
Secondary Insurance _____	Diagnosis #3 _____ ICD-10 Code _____
Secondary Policy # _____ Group # _____	Diagnosis #4 _____ ICD-10 Code _____

Functional Assessment Referral Form

Date of referral: _____

☐ Six Minute Walk Test

- Heart rate and hemodynamic monitoring.
- Initiate/titrate supplemental oxygen PRN during exercise.
- Evaluation of:
 - ✓ Claudication
 - ✓ Functional Status
 - ✓ Walking Capacity

☐ Other: _____

**PLEASE FAX COMPLETED FORM TO
574-364-2531**