



Diagnostic Cardiomyopathy Clinic
Fax Referral to: 513-803-1111

Today's Date: _____

Patient Name: _____ Date of birth: _____

Home Phone: _____ Work Phone: _____

Referring Physician: _____ Contact Person: _____

Address: _____

Office Number: _____ Fax Number: _____

Patient to be seen by: Cardiology and Genetics
 Cardiology Only
 Genetics Only

Indication for referral:

- Patient diagnosed with cardiomyopathy
- Family history of cardiomyopathy
- Other _____

Family/Personal history information:

This patient has previously had genetic testing YES NO
Results are: Positive Normal Pending

This patient has previously been seen by Genetics YES NO
Physician _____

This patient has previously been seen by Cardiology YES NO
Physician _____

If you have any questions, please call:

Donna Otting: 513-636-2456
or
Erin Miller, MS: 513-636-4729