

Help patients take control of their health!



"My background is in emergency medicine and we see the end product of what the disease causes. So when I heard about the Ornish Lifestyle Medicine, and understood what the program does, I thought it would be such a great opportunity to get at the root of why people are getting sick and really try to make a difference in people's lives rather than putting a Band-Aid on the problem and passing them along."

Kevin Lum, MD
Ornish Lifestyle Medicine™ Medical Director

To read Dr. Kevin Lum's full story, visit ornish.com/provider-stories

Life Changing

The Ornish Lifestyle Medicine program reverses the progression of heart disease by helping patients optimize four key areas of their life: nutrition, stress management, love and support, and fitness.



Optimally Structured

Over the course of 9 weeks, 18 four-hour sessions, participants experience the program within a consistent group of people who share each other's health histories and goals for the future. A dedicated, unchanging clinical team guides these participants through every step of the program—which translates into adherence and results.

$$18^{\text{total sessions}} \times 4^{\text{hours per session}} = 72^{\text{total hours}}$$

MANY OF YOUR PATIENTS MAY ALREADY QUALIFY!

Eligible patients have experienced one or more of the following criteria:

- Heart attack within the last 12 months
- Coronary artery bypass surgery (CABG)
- Current stable angina (chest pain)
- Heart valve repair or replacement
- Percutaneous transluminal coronary angioplasty or coronary stenting (PTCA/PCI)
- Heart or heart-lung transplant

Benefits patients can expect to achieve through Ornish Lifestyle Medicine:

- 6.3% decrease in blood pressure
- 18.8% decrease in total cholesterol
- 5.9% reduction in weight and Body Mass Index (BMI)
- 10.8% reduction in triglycerides
- 7.9% decrease in HbA1c
- 47.8% increase in exercise capacity

*These metrics are taken at baseline and after completion of the 72-hour program. Outcomes represent data reported to Sharecare (September 2015 - present)

For additional information about **Ho'ōla Pu'uwai** an Ornish Lifestyle Medicine and benefit coverage, call 808-244-4647.

Refer your patients to a healthier tomorrow!



Ornish Lifestyle Medicine Referral Form

Please complete and fax to: (808) 762-2923

*Please include Lipid Panel, HbA1c, EKG, and last consultation note with medical history and current medications.

* Please provide prescription for Lipid Panel and HbA1c **pre-program** (if no draw in the last 3 months) and **post-program**.

Patient Name: _____ Patient DOB: _____

Patient Email: _____ Patient Phone Number: _____

* Insurance: _____ Group Number: _____ Policy Number: _____

Intensive Cardiac Rehab Eligible Insurance: <input type="checkbox"/> Medicare FFS or Advantage <input type="checkbox"/> HMSA PPO/HMO or Fed 87 <input type="checkbox"/> Medicaid (Quest) <input type="checkbox"/> Select Kaiser Plans	Expanded Eligibility Eligible Insurance: <input type="checkbox"/> HMSA PPO/HMO <input type="checkbox"/> Select Kaiser Plans	Cardiac Risk Factors Eligible Insurance: <input type="checkbox"/> HMSA PPO/HMO <input type="checkbox"/> Select Kaiser Plans
Please ✓ mark at least 1 or more:	Please ✓ mark at least 1 or more:	Please ✓ mark at least 2 or more:
<input type="checkbox"/> Post MI- Within the past 12 months Date: ___/___/___ (MM/DD/YYYY) <input type="checkbox"/> Cardiac Surgery/Procedures Date: ___/___/___ (MM/DD/YYYY) <input type="checkbox"/> Heart Transplant <input type="checkbox"/> Xenogenic heart valve <input type="checkbox"/> Prosthetic Heart Valve <input type="checkbox"/> Coronary Angioplasty <input type="checkbox"/> Coronary Angioplasty with Implant and Graft <input type="checkbox"/> Post Aortocoronary Bypass Graft <input type="checkbox"/> Stable Angina <input type="checkbox"/> Diagnosed with Congestive Heart Failure (CHF)	<input type="checkbox"/> Diagnosed with Coronary Artery Disease (CAD) <input type="checkbox"/> Diagnosis of Metabolic Syndrome defined as 3 of the following: <input type="checkbox"/> Abdominal Obesity (waist >40 inches for men, waist>35 inches for women) <input type="checkbox"/> Triglycerides>150mg/dL <input type="checkbox"/> Taking medication for low HDL or HDL<40 mg/dL for men, <50mg/dL for women <input type="checkbox"/> Blood pressure greater than or equal to 130/85 mmHg, or taking anti-hypertensive medication <input type="checkbox"/> Fasting blood sugar greater than or equal to 100mg/dL	<input type="checkbox"/> Family history or personal history of CHD: first-degree relative (parents, siblings) <input type="checkbox"/> Age (males > 45, females > 55) <input type="checkbox"/> History of tobacco use but current tobacco non-user for at least 2 months <input type="checkbox"/> BP > 130/85 or on medications <input type="checkbox"/> Low HDL-C < 40 or on medication <input type="checkbox"/> Elevated lipoprotein: Lp (a) > 30 or on medications <input type="checkbox"/> Total cholesterol > 200 or on medication <input type="checkbox"/> LDL > 100 or on medications <input type="checkbox"/> High-sensitivity C-reactive protein >3 mg/dL and < 10 mg/dL <input type="checkbox"/> Obesity: <input type="checkbox"/> BMI > 30 <input type="checkbox"/> Waist to hip ratio greater than or equal to 1.0 for men, 0.85 for women <input type="checkbox"/> Waist circumference > 40 inches for men, >35 inches for women)

*Exclusions: current smoker, dementia, current substance abuse or drug abuse, history of psychiatric disorder without documentation of a minimum of at least 1-year stability

I authorize my patient to enroll in the Ho'ola Pu'uwai Intensive Cardiac Rehabilitation Program.

I understand that I will continue to provide regular medical care to my patient throughout the duration of the program.

Name of Physician (please print): _____

Physician Signature: _____ Date: _____

