Help patients take control of their health!

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.

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!
## Intensive Cardiac Rehab

**Eligible Insurance:**
- Medicare FFS or Advantage
- HMSA PPO/HMO or Fed 87
- Medicaid (Quest)
- Select Kaiser Plans

## Expanded Eligibility

**Eligible Insurance:**
- HMSA PPO/HMO
- Select Kaiser Plans

## Cardiac Risk Factors

**Eligible Insurance:**
- HMSA PPO/HMO
- Select Kaiser Plans

Please ✓ mark at least 1 or more:

- Post MI- Within the past 12 months
  - Date: ___/___/___ (MM/DD/YYYY)

- Cardiac Surgery/Procedures
  - Date: ___/___/___ (MM/DD/YYYY)
    - Heart Transplant
    - Xenogenic heart valve
    - Prosthetic Heart Valve
    - Coronary Angioplasty
    - Coronary Angioplasty with Implant and Graft
    - Post Aortocoronary Bypass Graft
    - Stable Angina

- Diagnosed with Congestive Heart Failure (CHF)

Please ✓ mark at least 1 or more:

- Diagnosed with Coronary Artery Disease (CAD)

Please ✓ mark at least 2 or more:

- Family history or personal history of CHD: first-degree relative (parents, siblings)
- Age (males > 45, females > 55)
- History of tobacco use but current tobacco non-user for at least 2 months
- BP > 130/85 or on medications
- Low HDL-C < 40 or on medication
- Elevated lipoprotein: Lp (a) > 30 or on medications
- Total cholesterol > 200 or on medication
- LDL > 100 or on medications
- High-sensitivity C-reactive protein >3 mg/dL and < 10 mg/dL
- Obesity:
  - BMI > 30
  - Waist to hip ratio greater than or equal to 1.0 for men, 0.85 for women
  - 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:** _________________________

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**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:** ___________________

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**Ornish Lifestyle Medicine Referral Form**

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:** ___________________

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*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**.

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**Please ✓ mark at least 1 or more:**

- Diagnosed with Coronary Artery Disease (CAD)

**Please ✓ mark at least 1 or more:**

- Family history or personal history of CHD: first-degree relative (parents, siblings)
- Age (males > 45, females > 55)
- History of tobacco use but current tobacco non-user for at least 2 months
- BP > 130/85 or on medications
- Low HDL-C < 40 or on medication
- Elevated lipoprotein: Lp (a) > 30 or on medications
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*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:** _________________________