

Physician Clearance for EECP Wellness Sessions

This form is required before a client may begin Enhanced External Counterpulsation (EECP) wellness sessions at Asheville EECP. Asheville EECP operates as a wellness amenity under the Renew NCP-5's FDA clearance for vasodilation, increased VO₂, and improved circulation in healthy individuals — not as a medical treatment provider. This form does not constitute a referral or endorsement of EECP as medical treatment.

SECTION 1 — PATIENT INFORMATION

PATIENT FULL NAME

DATE OF BIRTH

DATE OF THIS FORM

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

SECTION 2 — PHYSICIAN INFORMATION

PHYSICIAN FULL NAME

PRACTICE / CLINIC NAME

PHONE NUMBER

FAX NUMBER (OPTIONAL)

ADDRESS

NPI NUMBER (OPTIONAL)

STATE LICENSE NUMBER (OPTIONAL)

SECTION 3 — CLINICAL REVIEW

Please review the following information about the EECP wellness session before completing this form.

What the client will experience:	Inflatable cuffs applied to calves, thighs, and hips. Cuffs inflate and deflate in synchrony with the cardiac cycle (EKG-gated). Sessions run 60 minutes. The client lies supine, fully clothed. No needles, no medications, no invasive procedures.
Equipment:	Renew NCP-5 Enhanced External Counterpulsation system. FDA-cleared.
Session frequency:	Typically 1–2 sessions per day, up to 35 sessions total.
Operating model:	Wellness amenity under FDA clearance for healthy individuals. Not billed as medical treatment.

SECTION 4 — CONTRAINDICATIONS TO REVIEW

EECP is generally contraindicated in the following conditions. Please confirm whether any apply to this patient.

<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Decompensated heart failure (NYHA Class IV)
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Significant aortic insufficiency (moderate to severe)
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Severe peripheral artery disease with active leg wounds
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Deep vein thrombosis (DVT) or phlebitis
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Severe hypertension (BP > 180/110 mmHg, uncontrolled)
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Active bleeding disorder or anticoagulation at therapeutic levels
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Pregnancy
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Cardiac arrhythmia that would prevent EKG gating (e.g., atrial fibrillation with rapid ventricular response)
<input type="checkbox"/> Does not apply	<input type="checkbox"/> Applies — see notes below	Implanted pacemaker or ICD (note: not an absolute contraindication — please discuss)

Notes on contraindications (if any apply):

SECTION 5 — CLEARANCE STATEMENT

<input type="checkbox"/> CLEARED	I have reviewed this patient's medical history and find no contraindications to EECP wellness sessions as described above. I clear this patient to begin EECP sessions at Asheville EECP.
<input type="checkbox"/> CLEARED WITH CONDITIONS	I clear this patient to begin EECP sessions with the following conditions or limitations (please specify below):
<input type="checkbox"/> NOT CLEARED	I do not clear this patient for EECP sessions at this time. Reason (please specify below):

Conditions / Limitations / Reason (if applicable):

SECTION 6 — PHYSICIAN SIGNATURE

By signing below, I confirm that I am a licensed physician, that I have reviewed this patient's relevant medical history, and that my clearance decision above reflects my clinical judgment.

PHYSICIAN SIGNATURE

DATE

PRINTED NAME

SPECIALTY

RETURN COMPLETED FORM TO: hello@ashevilleecp.com · (321) 423-2829 · Cowan Cove Road, West Asheville, NC 28806

This form is for wellness clearance purposes only. Asheville EECF does not provide medical treatment, diagnosis, or medical advice. This form does not create a physician-patient relationship between the signing physician and Asheville EECF. Physician clearance is required before the first session and must be renewed annually or upon significant change in health status. © 2026 Asheville EECF · ashevilleecp.com