

Supervised Exercise Therapy Referral Form

200 Doctor's Drive, Suite 222 Douglas, GA 31533 Phone: 912-383-6988 Fax: 912-389-2164

Patient's Name: _____ Date: _____

SS#: _____ DOB: _____ Cell #: _____

Age: _____ Gender: _____ Race: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

I. Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) with Intermittent Claudication (IC)

- Beneficiaries must have a face-to-face visit with the physician responsible for PAD treatment to obtain the referral for SET. At this visit, the beneficiary must receive information regarding cardiovascular disease and PAD risk factor reduction, which could include education, counseling, behavioral interventions, and outcome assessments.
- SET is non-covered for beneficiaries with absolute contraindications to exercise as determined by their primary physician. These contraindications include, but are not limited to, the following: unstable angina, decompensated heart failure, uncontrolled cardiac arrhythmias, severe/symptomatic valvular heart disease, and critical limb ischemia. Other contraindications may be determined by the patient's PCP.
- ABI: _____ (≤ 0.90)

II. Release of Information (patient)

I authorize the release/disclosure to CRMC Cardiac Rehab program of my medical records. This information for which I am authorizing disclosure is for the following purpose of Cardiac Rehab. CRMC Cardiac Rehab is here by released from all legal responsibility or liability that may arise from the use of disclosure of medical information gathered by the center.

Patient Signature

Witness Signature

III. Fax Medical Records to 912-389-2164

- History/ Physical**
- Last Office Visit Note**
- Labs: CBC, Electrolytes, Lipid Profile, and Hgb A1C w/n last 3 months**

IV. Outpatient Standing Orders

- *Fasting Lipid Profile on entry & exit to program*
- *Hgb A1c on entry and exit for patients with history of diabetes or if fasting glucose is elevated.*
- Exercise Modalities are based on the ACC/AHA recommendations for supervised exercise therapy and ACSM guidelines.
- The patient will begin with a training duration of up to 30 minutes one to three times a week and gradually increase to 60 minutes.
- Administer Oxygen Therapy if SpO₂ < 90%; titrate O₂ to keep SpO₂ > or equal to 90% during exercise.
- Contact the physician periodically to report on the patient's progress unless the patient's condition indicates earlier contact. Send copies of reports to the patient's personal physician.
- The CR dietitian may designate appropriate diet orders for each participant.
- The patient may enter a non-supervised maintenance program upon completion of supervised program.
- Training involves intermittent bouts of walking to moderate-to-maximum claudication, alternating with periods of rest.

V. **Lifting Restrictions:** _____

VI. **Comments:** _____

Referring Physician's Name: _____ **Phone:** _____ **Fax:** _____

Referring Physician's Signature: _____ **Date:** _____ **Time:** _____