

Cardiac Rehabilitation 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. CARDIAC REHAB PHASE II *(Please check all that apply.)*

Primary Diagnosis *(Documented diagnosis covered by insurance.)*

Stable MI w/n last 12months Date: _____ Post CABG (4-6 weeks post-surgery) Date: _____

Stable Angina Date: _____ Stent/ PTCA Date: _____

Valve Replacement Date: _____ Heart Transplant Date: _____

Stable Chronic Heart Failure (EF \leq 35%, clinically stable for 6 weeks, & NYHA Class II-IV) Date: _____

(Stable CHF Patients are defined as patients who have not had recent (\leq 6 wks) or planned (\leq 6 months) major cardiovascular hospitalizations or procedures.)

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** **ECG w/n 6 months**
 Discharge Summary **Last Office Visit Note** **Stress Test Reports**
 Labs: CBC, Electrolytes, Lipid Profile, and Hgb A1C w/n last 3 months

IV. Outpatient Standing Orders

- *Fasting Lipid Profile on entry & exit to Cardiac Rehab 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 American College of Sports Medicine for Exercise Prescription for the Cardiac Patient unless otherwise noted by the Physician. Target HR is determined by S&S limited Graded Exercise Test or Sub-maximal Exercise.
- The patient will begin with a training duration of up to 30 minutes to tolerance one to three times a week and gradually increase to 50 minutes.
- Administer Oxygen Therapy if SpO2 < 90%; titrate O2 to keep SpO2 > or equal to 90% during exercise.
- Obtain 12 lead EKG with significant changes in telemetry ECG pattern or significant chest pain.
- May administer nitroglycerin 0.4 mg sublingually at 5 minutes X 3 as needed for angina/ ischemia.
- 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-ECG- monitored maintenance program upon completion of early outpatient CR program.

V. Restrictions/Comments: _____

Primary Care Physician's Name: _____ Phone: _____ Fax: _____

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

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