

CARDIAC REHABILITATION PHYSICIAN REFERRAL

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 within last 12 months Date: _____ Post CABG (4-6 week post surgery) Date: _____

____ Stable Angina Date: _____ Stent/ PTCA Date: _____

____ Valve Replacement Date: _____ Heart Transplant Date: _____

____ Stable Chronic Heart Failure (EF < 35%, Clinically stable for 6 weeks & NYHA Class II-IV) Date: _____

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

II. Release of Information (Patient)

I authorized the release / disclosure to CRMC Cardiac Rehab program my medical records. This information is for which I am authorizing disclosure for the following purpose of Cardiac Rehab. CRMC Cardiac Rehab is hereby 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 Laboratory Reports ECG within 6 months
 Discharge Summary Last Office Visit Note Stress Test Reports
 Labs: CBC, Electrolytes, Lipid Profile, and Hgb A1C within last 3 months

IV. Outpatient Standing Orders

- 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. Lifting Restrictions: _____

VI. Treatment Goals: _____

VII. Comments: _____

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

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