

Cardiopulmonary Rehabilitation Referral Form

200 N River Street Claxton, GA 30417 Phone: 912-739-5000 Fax: 912-739-5299

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:* _____

II. Release of Information (patient)

I authorize the release/disclosure to Evans Memorial Hospital Cardiopulmonary Rehab program of my medical records. This information for which I am authorizing disclosure is for the following purpose of Cardiopulmonary Rehab. Evans Memorial Hospital Cardiopulmonary 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 912-739-5299

- ☐ **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 Cardiopulmonary Rehab dietitian may designate appropriate diet orders for each participant.
- The patient may enter a non-ECG- monitored maintenance program upon completion of early outpatient Cardiopulmonary Rehab program.

V. Lifting Restrictions: _____

VI. Comments: _____

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

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