

## 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. PULMONARY REHAB PHASE II** (Please check all that apply.)

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

☐ 496.0 COPD, not elsewhere classified *Date:* \_\_\_\_\_ ☐ 416.0 Primary Pulmonary Hypertension *Date:* \_\_\_\_\_

☐ 493.20 Chronic obstructive asthma unspecified *Date:* \_\_\_\_\_ ☐ 135 Sarcoidosis *Date:* \_\_\_\_\_

☐ 494 Bronchiectasis without acute exacerbation *Date:* \_\_\_\_\_ ☐ Lung Transplant *Date:* \_\_\_\_\_

☐ Other Diagnosis *Date:* \_\_\_\_\_ ☐ 492.8 Other Emphysema *Date:* \_\_\_\_\_

Based on guidelines from the Center for Medicare & Medicaid Services (CMS), the following diagnostic criteria and //or ICD-10 codes that are covered when referring patients to the Phase II Pulmonary Rehabilitation Program.

### **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.
- Schedule a functional assessment six minute walk test prior to starting pulmonary rehabilitation to help formulate an exercise prescription.
- 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.
- Schedule a Pulmonary Function Test (PFT), including DLCO, FVC and FVC1, if not performed within the last 3 months (per Medicare requirements) of initiation of Pulmonary Rehabilitation.
- 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.

**V. Lifting Restrictions:** \_\_\_\_\_

**VI. Comments:** \_\_\_\_\_

**Referring Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Referring Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_