

**PHYSICIAN REFERRAL OUTPATIENT CARDIAC REHABILITATION**
**PATIENT LEGAL NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **MR #** \_\_\_\_\_

**REASON AND ONSET DATE FOR REFERRAL:** \_\_\_\_\_

- PLEASE CHECK:**  Phase II: (ECG Monitored) **and** Phase III: (No ECG Monitor- Evaluate for Phase III)  
 Phase III: (No ECG Monitor- Evaluate for Phase III Cardiac Rehab)  
 Supervised Exercise Therapy (SET)

- The patient may begin with phase III if specifically ordered by the physician
- Patients may begin with continuous ECG monitoring: (All of the below may be increased or decreased as deemed appropriate by the rehabilitation staff)
  - *Low risk patients decrease to intermittent ECG monitoring after 6 sessions*
  - *Moderate risk patients decrease to intermittent ECG monitoring after 12 sessions*
- If Cardiac PCI/Stent, Stable Angina, MI or CABG and has home nitroglycerin ordered:
  - *May administer Nitroglycerin 0.4 mg sublingual every 5 minutes x 3 for angina*
  - *Oxygen will be titrated to 2-4 Liters to maintain an SpO<sub>2</sub> > 90% with oxygen during exercise, and medical emergencies*
  - *If blood glucose < 70 mg/dL or 70-100 mg/dL and diabetic may administer 30 g or 15 g respectively of carbohydrates (i.e., juice, glucose tabs, peanut butter/crackers)*

**ADMITTING DIAGNOSIS TO CARDIAC REHAB:** (Please check all that apply, must have supporting documentation)

**CORONARY ARTERY DISEASE (CAD):**

- 
- Native Vessel With
- Stable Angina**
- (I25.119)
- 
- Bypass Graft with
- Stable Angina**
- (I25.709)

**CONGESTIVE HEART FAILURE (CHF):**

- 
- Chronic Systolic HF (I5022)
- 
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- Chronic Diastolic HF (I5032)
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- Combined Systolic and Diastolic HF (I5042)

- ▶ EF ≤ 35% and NYHA class II to IV symptoms despite being on optimal therapy heart failure therapy for at least six weeks.
- ▶ Patients who have not had recent (≤ 6 weeks) or planned (≤ 6 months) major cardiovascular hospitalizations or procedures.

**MYOCARDIAL INFARCTION:**

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- STEMI, acute < 4 weeks (I21.3)
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- NSTEMI, acute < 4 weeks (I21.4)
- 
- > 4 weeks (I25.2)

**VALVE DISORDERS:**

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- Aortic Valve Disorder (aortic stenosis, aortic insufficiency) (I35.9)
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- Mitral Valve Disorder (mitral stenosis, mitral insufficiency) (I05.9)
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- Tricuspid Valve Disorder (I07.9)
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- PERIPHERAL ATHEROSCLEROTIC DISEASE (PAD)**
- (I70.209)
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- OTHER:**
- \_\_\_\_\_

**COMORBIDITIES:** (Please check all that apply)

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- Hyperlipidemia (E78.5)
- 
- Hypertension (I10)
- 
- T2 Diabetes (E11.9)
- 
- T1 Diabetes (E10.9)
- 
- 
- Smoking (current tobacco dependence - F17.200)
- 
- History of tobacco dependence (Z87.891)
- 
- 
- Debility/Deconditioning (R53.81)
- 
- Obesity (E66.9)
- 
- 
- Other: \_\_\_\_\_

**PROCEDURE HISTORY:** (Please check all that apply, must have supporting documentation)

- Heart Valve Replacement:  Prosthetic (Z95.2)     Porcine (Z95.3)     Other (Z95.4)  
 Heart Valve Repair (Z98.890)                       Heart Transplant (Z94.1)  
 Coronary Artery Bypass graft (Z95.1)     Other: \_\_\_\_\_  
 Coronary Artery Stent with PCI (Z95.5)     Coronary Artery PCI ONLY (Z98.61)

**\*\* For Phase II: I consent to have my patient participate in the Cardiac Rehab Program 1-5 days per week for up to 36 weeks**
**\*\* For Phase III: I consent to have my patient participate in the Cardiac Rehab Program 1-5 days per week**

Print Physician Name: \_\_\_\_\_

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