

Clinic Staff:
Complete form and fax to
903-771-0170 or
efax: wnjrehab@wnj.org
We will contact the patient &
schedule the appointment.

CARDIOPULMONARY REHAB REFERRAL FORM

Patient: _____ Date: _____
Patient Contact #: _____ Insurance: _____
Date of Event: _____

Admit to outpatient cardiac rehab program due to:

Myocardial Infarction:

- Anterolateral wall 121.09
- Inferolateral wall 121.19
- Inferoposterior wall 121.11
- Inferior wall 121.19
- Lateral wall 121.29
- Posterior wall 121.29
- Subendocardial 121.4
- Other specified sites 121.29

Heart valve repair or replacement: Z95.4

- MVR 134.0-134.8
- AVR 135.0-135.0
- TVR 136.0-136.8
- PVR 137.0-137.8

- Percutaneous Transluminal Coronary Angioplasty (PTCA) or coronary stenting** Z98.61
- Peripheral Artery Disease (PAD)** 173.9

Congestive Heart Failure:

- Heart Failure 150.22

Pulmonary Rehab Referral Patients
 Chronic Airway Obstruction J44.9 **
****Pulmonary Rehab Patients Only**

Please forward the following information to the Cardiac Rehab Medical Director: Prior to starting exercise:

- ✓ Current H&P
- ✓ Baseline 12 lead EKG (post procedure, last 30-60 days)
- ✓ Baseline HbA1C (if diabetic)
- ✓ Copy of modified stress test (post cardiac event and on current medications)
- ✓ Copy of most recent CXR (if applicable)
- ✓ Copy of most recent labs (fasting measures of total cholesterol, HDL, LDL, and triglycerides)
- ✓ Copy of most recent PFTs (Pulmonary Rehab Patients Only)

Note: If current labs or tests are not available they may be ordered or repeated, at the discretion of the Cardiac Rehab Medical Director. A copy will be provided to the patient's primary physician.

Cardiac Risk Factor Modifications will be addressed (circle): chol, sedentary L-S, tobacco, DM, HTN, obesity, diet, stress

Begin exercise 2-3 times/wk x 30 days. Exercise to include: TM or Track-Walk, Elliptical, Nustep, Recumbent Bike, UE Erg, Free Motion Pulley, & Free Weights/T-Band (all as tolerated). Gradually increase duration 5-20 minutes to a maximum of 45 minutes, using the following guidelines:
THR of 60-85% below MHR on recent exercise stress test
THR of 20-30% above RHR average from first 1-3 visits (<125 bpm)
RPE of 11-13 on Borg scale

Implement the following emergency orders as indicated:

- Initiate ACLS protocols in the event of patient code/collapse
- Administer SL NTG 0.4 mg (or patient's usual dose) every 5 minutes X 3 for chest pain
- Do stat 12 lead EKG for unrelieved chest pain or new/changing rhythm abnormalities

Notify Dr. _____ immediately for any change in the patient's clinical status.

Physician's Name & Signature: _____ Date & Time: _____