

REFERRAL FORM: CARDIAC Rehabilitation Program

Date of referral: _____

Patient Name:	Date of Birth: (d/m/y)
	PHN:
Address:	Phone: Home: Work: Mobile:
Referral Diagnosis: <i>*See Inclusion/Exclusion Criteria on back page*</i> <input type="checkbox"/> NSTEMI <input type="checkbox"/> STEMI <input type="checkbox"/> CHF <input type="checkbox"/> Stable Angina <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Valve Disease <input type="checkbox"/> Aneurysm <input type="checkbox"/> Myocarditis <input type="checkbox"/> Other _____ _____	Interventions: *** A post intervention EST is required for participation in Cardiac Rehab. Waivers accepted from internal medicine only. Please attach copy of EST or EST plan. If there is no EST or waiver by program start, the exercise px will default to a low intensity exercise plan until a waiver or EST is obtained. Please note any exercise restrictions below. <input type="checkbox"/> EST <input type="checkbox"/> Angiogram <input type="checkbox"/> PCI <input type="checkbox"/> CABG <input type="checkbox"/> ECHO EF _____% <input type="checkbox"/> MIBI <input type="checkbox"/> ICD <input type="checkbox"/> Pacemaker <input type="checkbox"/> Fibrinolytic Therapy <input type="checkbox"/> Other _____
Risk Factors:	
<input type="checkbox"/> Diabetes <input type="checkbox"/> Smoking <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Family history of heart disease	<input type="checkbox"/> Obesity <input type="checkbox"/> Previous ACS <input type="checkbox"/> HTN <input type="checkbox"/> Other _____
Code Status/Advanced care planning:	
<input type="checkbox"/> Full Code <input type="checkbox"/> DNR <input type="checkbox"/> Other	
Any exercise restrictions?	
Current Medications:	
Have you discussed cardiac rehabilitation with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No By completing this referral, I agree to be the ordering physician for the following blood work to be drawn pre and/or post Cardiac Rehab: CBC, HgA1c, and non-fasting lipid profile. Bloodwork will be drawn by the cardiac rehab nurse during the patient's initial assessment and/or post-program assessment.	

Physician/NP Signature: _____ **Print Name:** _____

Send referrals to: **Lindsay Hansen: Cardiac and Pulmonary Rehab Program Lead**

199 Grafton Street, Suite 308, Charlottetown, PE, C1A 1L2

Fax: 902-569-0579 **Phone:** 902-388-0744 **Email:** cardiacpulmonaryrehab@ihis.org

What is Cardiac Rehabilitation?

Cardiac rehabilitation is a professionally supervised program to help people recover from heart attacks, heart surgery and percutaneous coronary intervention procedures such as stenting and angioplasty.

Inclusion Criteria

- **Must have a post-intervention exercise stress test completed within the past 6 months. This can be waived by an internal medicine physician.**
 - 18 years of age or older
 - Must be medically stable
 - Patient willing to participate
 - Able to arrange own transportation
 - Able to perform own ADL's (e.g. toileting) or bring caregiver to assist
- Exceptions may be considered on a case by case basis**

Please Note: telemetry monitoring will not be available

Exclusion Criteria

- Prior cardiac arrest (without revascularization)
- Poorly controlled angina on minimal exertion
- Resting systolic blood pressure > 180mm Hg or resting diastolic blood pressure > 100 mm Hg
- Significant drop (≥ 20 mm Hg) in resting systolic blood pressure from the patient's average level that cannot be explained by medications.
- Severe or symptomatic aortic stenosis (valve area $< 1\text{cm}^2$ or gradient > 60)
- Uncontrolled atrial dysrhythmia
- Uncontrolled ventricular dysrhythmia/prior history VT/VF
- Uncontrolled resting tachycardia (> 100 bpm)
- Symptomatic congestive heart failure New York heart classification 3-4
- Third degree heart block without a pacemaker
- Active pericarditis or myocarditis
- Recent embolism/thrombophlebitis (within last 3 months)
- Resting ST segment displacement ($> 3\text{mm}$)
- Labile blood sugars
- Any medical problem that severely restricts exercise or compliance with the program e.g. severe arthritis or dementia
- Resides in a long-term care facility

Exceptions may be considered on a case by case basis with the Medical Director

Anyone who is referred to Cardiac Rehab with Post/Long Covid symptoms will be screened for Post Exertional Symptoms using the DePaul Symptom Questionnaire Post Exertional Malaise subscale (DSQ-PEM).

If the DSQ-PEM indicates a person is experiencing Post Exertional Symptoms, they will not be a candidate for in-person cardiac rehab due to their inability to exercise; they could be considered for an education only stream (Virtual or Cardiac Education & Support Series) on a case-by-case basis.