

Referral and Treatment Plan

Patient Name: _____ DOB : _____ MRN: _____

Cardiologist: _____ PCP: _____

Reason for Referral/Dx:

- ☐ Myocardial Infarction
- ☐ Coronary Artery Bypass Surgery
- ☐ Stable Angina
- ☐ PCI/PTCA
- ☐ Valve Repair/Replacement/TAVR
- ☐ Heart Failure
- ☐ Heart Transplant
- ☐ LVAD
- ☐ Other: _____

Cardiac Rehabilitation includes:

- 1) Initiate Cardiac Rehabilitation Monitored Phase II Program, 2-3 sessions per week, maximum of 36 sessions or when goals met.
- 2) Order entry and exit Graded Exercise Test or 6 Min Walk Test.
- 3) **Administer nitroglycerin 0.4mg sublingually as needed.**
- 4) **If patient needs supplemental oxygen, provide 2 L/min when O2 \leq 92 %.**
- 5) Determine Target Heart Rate per cardiac rehab protocol using sign or symptom limited graded exercise testing or sign or symptom limited submaximal testing.
- 6) Gradually increase duration up to 45 minutes if patient's cardiovascular and physiological responses are within normal limits.
- 7) Observe patient for signs of exercise intolerance and adapt or terminate exercise as indicated in policies and procedures.
- 8) Assess lipid profile when necessary.
- 9) Provide periodic Individual Treatment Plan progress reports to the referring physician.
- 10) Educate patient on individual risk factors and develop practical goals.
- 11) Refer to registered dietitian to provide individualized nutrition education as needed.
- 12) Refer to Pharmacist for medication education.
- 13) Refer to Behavioral Specialist for psychosocial support and stress reduction education as needed.

Your additional comments/recommendations: _____

☐ None

MD Signature: _____ Date: _____

MD Office Number: _____ Fax Number: _____

Please fax back to:

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