



500 N. Highland Ave, Sherman TX 75092
Phone: (903) 870-4403 / Fax: (903) 870-4409

Clinic Staff:
Complete form and fax to
903-870-4409
We will contact patient and
schedule the appointment.

CARDIOPULMONARY REHAB REFERRAL FORM

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

Date: _____
Insurance: _____

Admit to outpatient cardiac rehab program due to:

Myocardial Infarction:

- Anterolateral wall 410.00-410.02
- Inferolateral wall 410.20-410.22
- Inferoposterior wall 410.30-410.32
- Inferior wall 410.40-410.42
- Lateral wall 410.50-410.52
- Posterior wall 410.60-410.62
- Subendocardial 410.70-410.72
- Other specified sites 410.80-410.82

Heart valve repair or replacement:

- MVR 424.0 V43.3
- AVR 424.1 V43.3
- TVR 424.2 V43.3
- PVR 424.3 V43.2

- Coronary Artery Bypass Surgery** V45.81
- Stable Angina Pectoris** 413.9
- Heart or Heart-Lung transplant** V42.1

Congestive Heart Failure:

- Heart Failure 428

Pulmonary Rehab Referral Patients

- Chronic Airway Obstruction 496.0 ****
****Pulmonary Rehab Patients Only**

- Percutaneous Transluminal Coronary Angioplasty (PTCA) or coronary stenting** V45.82
- Treadmill Stress Test**

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 test 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.

Begin exercise 3 times per week & 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: _____