

# CARDIAC REHABILITATION REFERRAL ORDER

I am referring my patient, \_\_\_\_\_ DOB: \_\_\_\_\_ to:

\_\_\_\_\_ **PHASE 2 (Monitored Phase)** Medically supervised exercise with continuous ECG monitoring

\_\_\_\_\_ **PHASE 3 (Maintenance Phase)** Medically supervised exercise and ECG monitoring as needed

I certify that this rehabilitation program is medically necessary for my patient due to patient history and following diagnosis:

- Post Coronary Artery Bypass Surgery (Date \_\_\_\_\_ )
- Valve Repair/ Replacement (Date \_\_\_\_\_ )
- Post Percutaneous Transluminal Coronary Angioplasty (Date \_\_\_\_\_ )
- Post Myocardial Infarction (Date \_\_\_\_\_ ) (\*MI must be within 12 months per Medicare coverage guidelines)
- Stable Angina Pectoris     Heart Failure / Cardiomyopathy     Other \_\_\_\_\_

An exercise prescription will be developed for your patient using ACSM and AACVPR guidelines in the table below. If there are any instructions and/or changes that you wish to add to the prescription, please indicate in the comments section below.

### Exercise Progression Plan

Frequency: 3 days / week

Intensity: Increase MET level based on 11-13 RPE, BP, HR, signs or symptoms

Time: Up to 45 minutes per session

Modality: Aerobic, continuous, dynamic

(Based on ACSM 7th ed. & AACVPR 4th ed.)

Comments or changes to exercise prescription: \_\_\_\_\_

Physician

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_

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#### Douglas Cardiac Rehabilitation

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#### Kennestone Cardiac Rehabilitation

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#### Paulding Cardiac Rehabilitation

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#### South Cherokee Cardiac Rehabilitation

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#### East Cobb Cardiac Rehabilitation

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#### WellStar

- Cobb     Douglas     Kennestone
- Paulding     Windy Hill

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