



PHYSICIAN RECOMMENDATIONS FOR EXERCISE

TAKE HEART CARDIAC REHABILITATION EXERCISE PROGRAM

Please **complete** this exercise participation form and fax it with the patient's **stress test** results (if available) to _____ at fax # _____

SECTION 1: TO BE COMPLETED BY REHAB HEALTH PROFESSIONAL or PHYSICIAN

Patient Name: _____ Family Physician: _____
 Date of Birth: _____ Cardiologist: _____
 Phone #: _____ Other HCP: _____
 Alternative phone #: _____ Allergies: _____
 Primary medical diagnosis: _____

<input type="checkbox"/> Medications listed below <input type="checkbox"/> ACE _____ <input type="checkbox"/> ARB _____ <input type="checkbox"/> βB _____ <input type="checkbox"/> CaCh _____ <input type="checkbox"/> Statin _____ <input type="checkbox"/> Antiarrhythmic _____ <input type="checkbox"/> Antiplatelet/coagulation _____	<input type="checkbox"/> Best Possible Medication History attached <input type="checkbox"/> Diuretic _____ <input type="checkbox"/> Nitrate _____ <input type="checkbox"/> Antidepressant/anxiety _____ <input type="checkbox"/> Smoking cessation _____ <input type="checkbox"/> Resp meds _____ <input type="checkbox"/> _____
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SECTION 2: TO BE COMPLETED BY PHYSICIAN

Patients Risk Factors:

- | | | | |
|---|--|-------------------------------------|---|
| <input type="checkbox"/> Tobacco product use | <input type="checkbox"/> Excess weight | <input type="checkbox"/> HTN | <input type="checkbox"/> ETOH |
| <input type="checkbox"/> Diabetes or Pre-Diabetes | <input type="checkbox"/> Abnormal lipid levels | <input type="checkbox"/> Inactivity | <input type="checkbox"/> Depression/anxiety |

Activity limiting factors or contraindications:

- PPM ICD hypo/hyperglycemia sternal complications joint pain

Risk Stratification—please stratify the patient’s potential exercise risk into one of three categories:

- | | | |
|---|--|--|
| <input type="checkbox"/> Low Risk – e.g. EF ≥ 50%; no CAD or mild to mod single vessel disease or fully revascularized | <input type="checkbox"/> Intermediate Risk - e.g. EF 40-49%; severe 1 vessel CAD or mild 2 vessel disease or fully revascularized | <input type="checkbox"/> High Risk – e.g. EF ≤ 39% or Mod to severe multi-vessel disease or incomplete revascularization: complex ventricular arrhythmia; history cardiac arrest; multiple MI |
|---|--|--|

If maximum **heart rate** limitations recommended, please provide range _____ otherwise rate of perceived exertion will be used or HR range will be calculated from stress test results if available. Individualized cardiovascular, strength training & stretching exercise program will be developed with the patient unless limitations suggested _____.

I, _____ (Dr.'s Name Printed) recommend that the above mentioned patient:

Is safe to participate in one of the Take Heart exercise programs (**Fax #'s South Island:** West Shore 250-474-8650; Saanich Commonwealth 250-727-2649; Panorama 250-656-3360; Henderson 250-595-7606; Sooke Health and Fitness 778-425-0015; **Central Island** Cowichan Aquatic 250-746-3306; **North Island:** Strathcona Gardens Campbell River: 250-830-6778; Comox Community Centre 250-941-0099