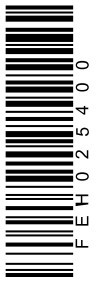




**Integrated Chronic Disease Management
Cardiac Rehabilitation Referral**

UR Number: _____
 Surname: _____
 Given Name: _____
 Date of Birth: ____ / ____ / ____ Sex: M / F
 (Affix Hospital I.D. Label if Available)



F E H 0 2 5 4 0 0



Cardiac Rehabilitation Referral EH 025400

Inpatient Details

Please ✓ boxes

Referral to:	<input type="checkbox"/> Phase 1 Inpatient Education
Hospital:	Discharge date:
Admission date:	Discharge destination <input type="checkbox"/> Home <input type="checkbox"/> Other
Alternate discharge address & phone:	Date of fax/email or e-referral sent:
<input type="checkbox"/> Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No	Language:
<input type="checkbox"/> Client identified as Aboriginal or Torres Strait Islander	
<input type="checkbox"/> Contact with hospital Aboriginal Liaison Officer during admission	
Returning to Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation:
<input type="checkbox"/> Note: Ensure consent has been gained from the patient/client/consumer for this referral	

General Practitioner and other Cardiac Specialist details

Medical Team	Name	Phone
General Practitioner:		
Cardiologist:		
Cardiothoracic Surgeon:		
Physician:		

Past History (please list relevant)

Principal Cardiac Diagnosis/Event/Procedure leading to referral:

Acute Coronary Syndrome <input type="checkbox"/> STEMI <input type="checkbox"/> NSTEMI <input type="checkbox"/> Angina → <input type="checkbox"/> Stable → <input type="checkbox"/> Unstable <input type="checkbox"/> Troponin peak <input type="checkbox"/> CK peak <input type="checkbox"/> Thrombolysis	<input type="checkbox"/> PCI <input type="checkbox"/> Primary <input type="checkbox"/> Elective <input type="checkbox"/> Awaiting further intervention <input type="checkbox"/> Stent <input type="checkbox"/> BMS (bare metal stent) <input type="checkbox"/> DES (drug eluting stent) <input type="checkbox"/> Bioabsorbable/research stent <input type="checkbox"/> Medical management
---	--

Coronary angiogram & graft study Date: _____

L Main %	LAD %	LIMA %
LCx %	O/Marg %	SVG %
RCA %	PDA %	RAG %

Echocardiogram EF% _____ Date: _____

+ve stress test/nuclear scan awaiting intervention Date: _____

Signature: _____ Name (please print): _____ Designation: _____ Date: _____



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Coronary Artery Bypass Grafts

LIMA →
RIMA →

R) SVG →
L) SVG →

R) RAG →
L) RAG →

Valve Surgery

Aortic
 Mitral

Mechanical valve
 Tissue valve

Heart Failure Pacemaker Biventricular PM AICD Arrhythmia type

Complications during hospital admission (please list)

Cardiac and Lifestyle Risk Factors

Previous IHD history

Inactivity/sedentary lifestyle

Overweight

Family history
(≤60yrs ♂ and ≤65yrs ♀)

Hypertension

Social isolation

Elevated cholesterol

Diabetes Type 1 Insulin
 Type 2 Oral meds
 Diet

Stress
 Anxiety/Depression
 Other psychosocial issues
 Employment issues
 Financial issues
 Carer issues
 Disabilities/Impairments

Total Cholesterol
(LDL < 2mmol/L)
(HDL > 1mmol/L)
(Trig < 1.5mmol/L)

Fasting blood sugar level
(BSL) ____
 HbA1C

Smoking
 Previous Active Passive

ETOH
 Other substance abuse
(please list)

Cardiac Medications (please list other medications)

- Aspirin
- Ace inhibitor
- Beta blocker
- Clopidogrel/Iscover/Plavix
- Cholesterol lowering agent (Statin)
- Nitrate (Anginine)

Allergies (please list)

Other relevant information

Signature:

Name (please print):

Designation:

Date: