

## PHYSICIAN RECOMMENDATIONS FOR EXERCISE

### TAKE HEART CARDIAC REHABILITATION EXERCISE PROGRAM

Please **complete** this exercise participation form and then fax it with the patient's latest **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: \_\_\_\_\_ Cardiac Surgeon: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cardiologist: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Other: \_\_\_\_\_  
 Primary medical diagnosis: \_\_\_\_\_

#### Medications: (May attached copy of prescription meds)

- |  |  |
|--|--|
| <input type="checkbox"/> ACE (Ramipril, Enalapril, Lisinopril, Quinapril, Trandolapril)  | <input type="checkbox"/> Antiplatelet/coagulation (ASA / Plavix / Coumadin / Tinzaparin)     |
| <input type="checkbox"/> ARB (Losartan, Valsartan, Irbesartan, Candesartan, Telmesartan) | <input type="checkbox"/> Diuretic (Furosemide, HCTZ, Spironolactone; Aldactone)              |
| <input type="checkbox"/> $\beta$ B (Atenolol, Metoprolol, Carvedilol)                    | <input type="checkbox"/> Nitrate (Nitro subling spray, Patch, Isosorbide)                    |
| <input type="checkbox"/> CaCh (Verapamil, Diltiazem, Amlodipine)                         | <input type="checkbox"/> Diabetic (Metformin Metformin Pioglitazone, Rosiglitazone, Insulin) |
| <input type="checkbox"/> Digoxin   | <input type="checkbox"/> Resp meds (Flovent Beclomethasone, Fluticasone & salmeterol)        |
| <input type="checkbox"/> Statin (Rosuvastatin, Simvastatin, Atorvastatin)                |  |

#### Patients Activity Goals:

#### 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 |

Activity limiting factors or contraindications e.g. PPM; hypo/hyperglycemia; sternal complications, joint pain

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> <b>Low Risk</b> - EF $\geq$ 50%; no CAD or mild to mod single vessel disease or fully revascularized | <input type="checkbox"/> <b>Intermediate Risk</b> - EF 40-49%; severe 1 vessel CAD or mild 2 vessel disease or fully revascularized | <input type="checkbox"/> <b>High Risk</b> - EF $\leq$ 39% or Mod to severe multi-vessel disease or incomplete revascularization; complex ventricular arrhythmia; heart failure; 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, \_\_\_\_\_ recommend that the above mentioned patient:  
 (Dr.'s Name Printed)

- |   |
|---|
| <input type="checkbox"/> Is safe to participate in one of the <i>Take Heart</i> exercise programs (Fax #'s South Island: West Shore: 250-474-8650; Saanich Commonwealth 250-727-2649; Panorama 250-656-3360; YMCAWCA 250-380-1933; Central Island North Ridge Nanaimo 250-751-0583; Oceanside 250-248-2199; North Island: Campbell River: 250-287-3252) |
| <input type="checkbox"/> Should <b>not</b> participate in an exercise program because _____.  |