

Pt
LABEL

CARDIAC REHAB REFERRAL HEART SMART

Date / /

REASON FOR REFERRAL

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> CAGS | <input type="checkbox"/> PPM / ICD |
| <input type="checkbox"/> Valve Surgery | <input type="checkbox"/> CAD Med Mx |
| <input type="checkbox"/> PCI | <input type="checkbox"/> Angina |
| <input type="checkbox"/> Valvuloplasty | <input type="checkbox"/> CCF |

Date of procedure / surgery:

Date / /

INVESTIGATIONS

- | | |
|--------------------------------|---|
| <input type="checkbox"/> ECHO | <input type="checkbox"/> Exercise Stress Test |
| <input type="checkbox"/> ANGIO | <input type="checkbox"/> Tnt ↑ |

RISK FACTORS

- | | |
|---|---|
| <input type="checkbox"/> Family History | <input type="checkbox"/> Overweight |
| <input type="checkbox"/> ↑ Chol | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> H/T | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> ETOH | <input type="checkbox"/> Inactivity |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Ex-smoker Cease |

Other Complications eg. A.F

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Meds on Discharge

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Please phone CR 5430 3273 for appointment on discharge.
A/Hours Fax to 5430 3255

Appt for CR / / @ am/pm Discharge Date / /

The Sunshine Coast Private Hospital
12 Elsa Wilson Drive, Via Syd Lingard Drive, Buderim 4556 PO Box 5050 Maroochydore BC 4558
Tel: 5430 3273 Fax: 07 5430 3255
www.tscph.com.au

JAN 2014

Cardiac Rehabilitation Referral