

Yarmouth Regional Hospital

Cardiac Rehabilitation Program Referral Form

Yarmouth Regional Hospital

PERMANENT RECORD Page 1 of 2

Fax: 902-749-0759

1 KUU 1 2 3 0 U 4	DOB: Jan/1/19/1	AGE: 0441
TESTEFR,TEST		N
123 STREET	P O BOX 123	
NEW GLASGOW, N	IS B2H 5C7	
Pt. Home Phone: (9	02)999-9999	UPHI:
FIN CLASS: DOH	INS.#:	EXPIRY:
AD: TEST, NON-DO		IDNN
REG: Jan/8/2015	AJ0000175/14	

Name:	DOB:					
Health Card Number:	d Number: Telephone Number:					
Most recent cardiac event, with date:						
Ejection Fraction (EF):						
Risk Stratification (see rev	verse): 🖵 Low	☐ Intermediate	☐ High			
PATIENT MUST HAVE HAD A STRESS TEST WITHIN THE LAST 3 MONTHS						
Stress test date:						
Time: M	ETS:	Stage:	Protocol:			
HR (rest): H	IR (max.):	Ischemic ECG chang	jes: ☐ Yes ☐ No			
Symptoms:						
Target Heart Rate for Exercise: BP max:						
Special Considerations/Restrictions:						
Referring Internist/Cardiologist:						
Name:	Sign	ature:				
Date:						
For Office use only:	Re	eferral Received:				
Projected next available start date for CRP:						





Jan/17

Risk Stratification

Low Risk (must have all characteristics)

- Uncomplicated event
- FC ≥ 6 METS 3 or more weeks after event
- No resting or exercising ischemia or angina
- No complex dysrhythmia
- EF ≥ 50%

Intermediate Risk

- FC < 5–6 METS 3 or more weeks after event
- EF 31-49%
- Failure to comply with exercise prescription
- Exercise-induced ST depression of 1-2 mm or reversible ischemic defects (with maximal medical and surgical management)

High Risk (must have any one characteristic)

- FC ≤ 4 METS
- MI complicated by CHF, shock, and/or complex ventricular dysrhythmias
- EF < 30%
- Decrease in systolic BP of > 15 mm during exercise (with maximal medical and surgical management)
- > 2 mm ST exercise–induced depression (with maximal medical and surgical management)
- Survivor of cardiac arrest





AJ0000175/14