



100 Medical Drive Lake Jackson, Texas 77566 979-297-4411

Brazosport Regional Outpatient Cardiac Rehabilitation Services
Phone: (979) 285-1987 Fax: (979) 285-1425

Name: _____ **DOB:** _____ **Date:** _____

Phone Number: _____

Cardiologist: _____ **Family Physician:** _____

Diagnosis:

- | | |
|--|---|
| <p>Primary</p> <ul style="list-style-type: none"> <input type="checkbox"/> MI <input type="checkbox"/> CABG <input type="checkbox"/> PTCA <input type="checkbox"/> Valve Repair/Replacement <input type="checkbox"/> Stable Angina <input type="checkbox"/> Coronary Stenting <input type="checkbox"/> CHF | <p>Secondary</p> <ul style="list-style-type: none"> <input type="checkbox"/> CAD <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity <input type="checkbox"/> Smoking <input type="checkbox"/> Hypertension <input type="checkbox"/> Dysrhythmia |
|--|---|

Risk Stratification:

<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
LVEF greater than or equal to 50%, no resting or exercise myocardial ischemia or complex arrhythmia, uncomplicated MI, CABG, angioplasty or arthroectomy. Functional capacity greater than 6 MET's on GXT or more weeks after clinical event.	Mild to moderate depressed LVEF (31-49%), functional capacity less than 5-6 MET's on GXT 3 or more weeks after clinical event, exercise-induced myocardial ischemia (1-2 mm ST depression).	Severely Depressed LVEF (less than or equal to 30%), complex ventricular arrhythmia at rest or increasing with exercise, myocardial infarction complicated by CHF, complex ventricular arrhythmia, severe CAD and marked exercise-induced myocardial ischemia.

Phase II Physician Order (insurance covered based on diagnosis)	Phase III Medical Clearance (monthly, self-pay maintenance program)
<ul style="list-style-type: none"> Continuous EKG Monitoring Resting, Exercise and Recovery BP/pulse Risk Factor Modification Education If insurance does not cover, the patient will be referred to the Phase III Program <p>Frequency and Duration:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3 times per week for 12 weeks <input type="checkbox"/> 2 times per week for 18 weeks <p>Special Instructions and Precautions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Physician Signature: _____</p>	<ul style="list-style-type: none"> Resting and Recovery BP/ pulse Monitoring Individualized Exercise Prescription EKG Baseline Assessment <p>Frequency:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3 times per week <input type="checkbox"/> 2 times per week <p>Special Instructions and Precautions:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Physician signature indicates medical clearance for participation in Phase III program.</p> <p>Physician Signature: _____</p>

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