

# Cardiac Rehabilitation Program Referral



## Patient Details

|   |  |
|---|--|
| Referrer's Name:  | Referring Facility/Contact Number:                       |
| Health Fund:  | Membership/Claim Number:                                 |
| Cardiologist:   | Cardiologist Contact Number:                             |
| Cardiologist Provider No:                                 |  |
| Surgeon (if applicable):                                  | Surgeon Contact Number:                                  |
| Surgeon Provider No:                                      |  |
| GP:   | GP Contact Number:                                       |
| GP Provider No:   |  |
| Admitting Diagnosis (inc date of event/surgery):          |  |
| Past Medical History:                                     |  |
| Cardiac History:  |  |
| Specific Restrictions:                                    |  |
| Cardiologist/Surgeon Approval For Reconditioning Program: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cardiologist/Surgeon Approval For Cardiac Program:        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Date Patient Can Commence Cardiac Program:**

**Discharge Date:**

## Clinical Requirements

- Phase II Cardiac Rehabilitation Program (6 weeks, 2 daytime sessions per week)  
*Includes education session, exercise session, tai chi cool down session and light meal*

Patients will be reviewed by a rehabilitation consultant before commencing the program.

**If this referral is not completed by a doctor, the patient must also obtain a GP or specialist referral before attending their initial review.**

Referral attached:  Yes  No *(If No, patient aware that referral must be obtained)*

## Day Program Coordinator

|   |  |
|---|--|
| Date referral received:                                 | <input type="checkbox"/> Fund Check completed. Status:           |
| <input type="checkbox"/> Schedule completed             | <input type="checkbox"/> Transport arranged through:             |
| <input type="checkbox"/> Patient provided with schedule | <input type="checkbox"/> Checked and signed by senior therapist: |