

REFERRAL TO CARDIAC REHABILITATION (CR)

Where would the patient like to attend CR?Fax number:

Seen by CR Nurse before discharge? Yes / No

Surname:		First name:	
Male / female		DOB:	Age:
Hospital no.:		NHS no.:	
Address:		GP:	
PC: Tel:		PC: Tel:	
EO	Religion:	Date of admission:	
Language:	Interpreter required: Y / N	Date of discharge:	

Diagnosis:	ANGINA <input type="checkbox"/> UNSTABLE ANGINA <input type="checkbox"/> STEMI <input type="checkbox"/> NSTEMI <input type="checkbox"/> VALVE DISEASE <input type="checkbox"/> Other.....					
Treatment:	PCI <input type="checkbox"/> PPCI <input type="checkbox"/> Medical treatment <input type="checkbox"/> DES: LAD x RCA x CX x OM1 x Diagonal x Date: BMS : LAD x RCA x CX x OM1 x Diagonal x Date: <hr/> CABG <input type="checkbox"/> AV repair <input type="checkbox"/> AV replace <input type="checkbox"/> MV repair <input type="checkbox"/> MV replace <input type="checkbox"/> Date: Type of valve: Mechanical <input type="checkbox"/> Tissue <input type="checkbox"/> Number of grafts: Vessels grafted.....					
Clinical	LV function (<i>if known</i>): Good / Moderate / Poor		Troponin I:		Troponin T:	

Other relevant clinical information:

Medications:	Aspirin		Clopidogrel		Beta blocker		Omacor (post MI)	
	Warfarin		Statin		ACE inhibitor			
	Other medications:							

Risk Factors:	Family history Y / N	Alcohol >21u M or >14u F: Y/N	Total cholesterol	<input type="text"/>	LDL:	<input type="text"/>	Date
			Trigs	<input type="text"/>	HDL	<input type="text"/>	

Height:	Weight:	Smoked in last 4 weeks Y / N	Dyslipidaemia Y / N	Hypertension Y / N	Fasting glucose	mmol/l
BMI:	BP:				Diabetes	Y / N

Hospital referring:	Name of person completing the form:
Ward referring:	Tel. no. of person completing the form:
Name of consultant:	Does the patient know of this referral? Y / N

Phase 1

ADVICE	Y	N	N/A		ADVICE	Y	N	N/A
Understanding of condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Medication review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Healthy eating advice / info	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Carer seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Travel advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cardiac rehabilitation discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NACR (Phase 1) Yes No

NOTES FOR THE CONSULTANT/DOCTORS/GP

Dear Dr / Mr / Prof

Please sign this form to give consent for Mr / Mrs / Ms
so they can commence the exercise component of the Cardiac Rehabilitation Programme.

Thank you
Cardiac rehabilitation team

Signature:..... Date:.....

ONCE SIGNED: Please give this form to the receptionist at Outpatients or alternatively, post to Cardiac Rehabilitation, Harefield Hospital, Hill End Road, Harefield, Middlesex, UB9 6JH

Comments:

NWL CR FAX NUMBERS

Imperial Health Care (Hammersmith/ Charing Cross/ St Marys)	Chelsea & Westminster	Harefield Hospital	Hillingdon Hospital & PCT	Queen Mary's Roehampton	MyAction Westminster PCT)
020 3313 5988	020 8746 5078	01895 828 944	01895 279101	020 8355 2883	020 8383 5953
West Middlesex	Ealing	Brent PCT	Northwick Park	Harrow PCT	High Wycombe
020 8321 6242	020 8967 5445	020 8453 5972	020 8869 5193	020 8966 6488	01494 425322