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|  **UCSF Cardiac Rehabilitation and Wellness Center Referral and Treatment Plan** |
| Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MRN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cardiologist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PCP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Reason for Referral/Dx:** □ Myocardial Infarction **Please use CPT codes 93797- 36 visits and 93798 – 36 visits** □ PCI/PTCA □ Stable Angina □ Coronary Artery Bypass Surgery □ Valve Repair/Replacement/TAVR□ Heart Failure□ Heart Transplant□ LVAD □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please also include diagnosis related medical records such as cardiac cath reports, recent heart imaging, ecg reports, patient demographics, front /back of insurance card along with authorization if required.**Cardiac Rehabilitation includes: |
| 1. Initiate Cardiac Rehabilitation Monitored Phase II Program, 2-3 sessions per week,

 maximum of 36 sessions or when goals met.1. Order entry and exit Graded Exercise Test or 6 Min Walk Test.
2. **Administer nitroglycerin 0.4mg sublingually as needed.**
3. **If patient needs supplemental oxygen, provide \_2\_L/min when O2 ≤ \_92\_%.**
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| 1. Determine Target Heart Rate per cardiac rehab protocol using sign or symptom limited graded exercise testing or sign or symptom limited submaximal testing.
2. Gradually increase duration up to 45 minutes if patient’s cardiovascular and physiological responses are within normal limits.
3. Observe patient for signs of exercise intolerance and adapt or terminate exercise as indicated in policies and procedures.
4. Assess lipid profile when necessary.
5. Provide periodic Individual Treatment Plan progress reports to the referring physician.
6. Educate patient on individual risk factors and develop practical goals.
7. Refer to registered dietitian to provide individualized nutrition education as needed.
8. Refer to Pharmacist for medication education.
9. Refer to Behavioral Specialist for psychosocial support and stress reduction education as needed.
10. Your additional comments/recommendations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MD Office Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please fax back to**: Cardiac Rehabilitation and Wellness Center 500 Parnassus Ave, Level B1, Suite MU09San Francisco, CA 94143Tel: 415-514-9269 Fax: 415-514-9270  |