

Name: _____	Date of birth: _____
Address: _____	SS#: _____
City & Zip: _____	Phone: _____
Insurance company: _____	ID: _____
PCP: _____	Cardiologist: _____
Referring Physician: _____	
Please print name.	Signature

**CARDIAC REHABILITATION – PHASE II**

- ♥For patients who have had one or more of the following cardiac events within the last 12 months
- ♥Includes 18 to 36 monitored exercise sessions, risk factor identification and education
- ♥Insurance reimbursable

Primary Diagnosis: (Select all that apply and indicate date of event)

- Myocardial Infarction (MI) (\_\_\_/\_\_\_/\_\_\_)
- Coronary Artery Bypass Graft (CABG) Surgery (\_\_\_/\_\_\_/\_\_\_)
- Percutaneous Transluminal Coronary Angioplasty (PTCA or PTCI) (\_\_\_/\_\_\_/\_\_\_)
- Angina, stable (\_\_\_/\_\_\_/\_\_\_)
- Valve Repair or Replacement (\_\_\_/\_\_\_/\_\_\_)
- Heart or Heart-Lung Transplant (\_\_\_/\_\_\_/\_\_\_)

**PRIMARY/SECONDARY PREVENTION AND WELLNESS PROGRAMS**

- ♥For patients with risk factors and/or a history of heart disease or simply anyone wishing to maintain a healthy lifestyle.
- ♥Non-monitored supervised exercise program
- ♥Self-pay program

Select all that apply:

- |  |  |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> Cardiac event previous to the last 12 months</li> <li><input type="checkbox"/> Non-qualifying cardiac event within last 12 months           <ul style="list-style-type: none"> <li>• Aortic Aneurysm Repair</li> <li>• CHF</li> <li>• ICD Implant</li> <li>• Pacemaker</li> <li>• PVD</li> <li>• AFib</li> </ul> </li> <li><input type="checkbox"/> Family History of CAD</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Diabetes or Metabolic Syndrome</li> <li><input type="checkbox"/> Smoking</li> <li><input type="checkbox"/> Elevated Lipids</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Overweight</li> <li><input type="checkbox"/> Sedentary Lifestyle</li> <li><input type="checkbox"/> Stress or Depression</li> <li><input type="checkbox"/> Other _____</li> </ul> |
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