

CHD GP EXERCISE REFERRAL FORM

To be completed by the Referring Doctor or designated health professional. **Please print clearly**

<p>Patient Details</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____</p> <p>D.O.B. _____ Age: _____</p> <p>Telephone Home: _____</p> <p>Telephone Work: _____</p>	<p>Referrer's Details</p> <p>Name & Profession: _____</p> <p>Surgery/Department: _____</p> <p>Address: _____</p> <p>_____</p> <p>Postcode: _____</p> <p>Telephone: _____</p>
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Cardiac History

✓ if applicable

MI: Date: _____ Heart Failure: ICD: Pacemaker:

Angioplasty/Stent: Date: _____ Other Events: _____

CABG: Date: _____ Date: _____

Current Angina: At Rest: On Exertion: GTN: Current Dyspnoea: Arrhythmias:

Current Medication (attach prescription list if available)

✓ if prescribed

Asprin Beta blocker Ace Inhibitor Statin

Clopidogrel Warfarin Diuretic Nitrate

Anti-arrhythmic Calcium channel blocker GTN Other: _____

Investigations (if available)

ETT: Yes No Date: _____ LV Function:

Result: _____ Good Moderate Poor

Current Status - CHD Risk Factors

Resting BP _____ Resting Heart Rate _____ BMI _____ Stable Type 1/Type 2 Diabetes

Raised Cholesterol Physically Inactive Smoker Excess Alcohol Stress

Past Medical History

✓ if applicable, please supply dates and details as far as possible

COAD/Asthma Epilepsy Hypertension Claudication

CVA/Neuro. Problems Ortho/musc. skeletal problems Details: _____

<p style="text-align: center;">IMPORTANT NOTICE</p> <p><input type="checkbox"/> The patient exhibits no contraindication to exercise (as indicated on the protocol)</p> <p><input type="checkbox"/> The patient is clinically stable</p> <p><input type="checkbox"/> The patient is clinically compliant with medication</p> <p><input type="checkbox"/> The patient is awaiting/not awaiting further medical or surgical treatment (see protocol)</p> <p>REFERRER'S SIGNATURE: _____</p> <p>Print Name: _____ Date: _____</p> <p>GP's signature (if different from above): _____</p> <p>Print Name: _____ Date: _____</p>	<p style="text-align: center;">PATIENT INFORMED CONSENT</p> <p>I agree for the above information to be passed onto the Exercise Instructor. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatment.</p> <p>PATIENT SIGNATURE: _____</p> <p>Print Name: _____</p> <p>Date: _____</p>
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PHASE III - PATHWAY

CHD GP REFERRAL PATHWAY

