

Cardiac Rehabilitation Program, Cooperman Barnabas Medical Center

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**CARDIAC REHABILITATION
PHYSICIAN REFERRAL ORDER**

Patient Name _____

Date of Birth _____

Phone # _____

Additional phone _____

Cardiac Diagnosis:

_____ **MI** _____ **CABG** _____ **PCI with stent** _____ **Stable angina**

_____ **Heart Transplant** _____ **Valve replacement/repair** _____ **TAVR**

_____ **Heart Failure:** NYHA class _____, date of last hospitalization _____,
EF _____% with no major cardiac procedures planned for the next 6 months.

_____ **PAD** **Other (specify)** _____

Routine Outpatient Cardiac Rehabilitation Orders

1. Refer to outpatient cardiac rehabilitation
2. EKG upon admission and PRN during rehabilitation.
- 3 a. _____ Begin exercise training at 55% of maximum heart and progressing to 85%;
dependent on risk stratification
 - b. _____ Target heart rate of _____ progressing to _____.
 - c. _____ PAD exercise to level 3-4 on Claudication Scale
4. Resistance training after 4- 6 weeks of cardiac conditioning; dependent on risk stratification
5. Ejection fraction _____
6. Limitations: _____

Referring Physician: _____ **Date:** _____

Revised 1/21