# Outpatient Phase II Cardiac Rehabilitation and Secondary Prevention Program

**Physician Referral Form**

(Please fax this form to the appropriate location listed below.)

**Admitting Diagnosis/Procedure to Cardiac Rehab:**

<table>
<thead>
<tr>
<th>Diagnosis/Procedure</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>MI (STEMI) I21.3</td>
<td></td>
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<tr>
<td>MI (Non-STEMI) I21.4</td>
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<tr>
<td>Angina Pectoris I20.9</td>
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<tr>
<td>PTCA/Stent I25.10 &amp; Z95.5 (Presence of implant/graft) / Z98.61 (No implant/graft)</td>
<td></td>
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<tr>
<td>Heart Failure I50.22</td>
<td></td>
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<tr>
<td>Valve Surgery Z95.3 (Transplanted Tissue) / Z95.2 (Prosthetic) / Z98.89 (Repair) &amp; I34.9 (MV) / I35.9 (AV)</td>
<td></td>
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<tr>
<td>CABG Z95.1 &amp; I25.10</td>
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<tr>
<td>Heart Transplant Z94.1</td>
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**Heart Failure Qualifying Criteria** (Please complete ALL criteria fields)

LVEF = *must be \( \leq 35\% \)

NYHA Class II to IV on optimal heart failure therapy for at least 6 weeks (Circle class): Class II   Class III   Class IV
Stable Chronic Heart Failure
i.e. No recent (< 6 weeks) or planned (< 6 months) major cardiovascular hospitalization or procedure:

- Yes  Date of hospitalization/procedure
- No

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<tr>
<th>VAD/MCS Z48.812</th>
<th>Date</th>
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<tr>
<th>Other I25.9 (Chronic ischemic heart disease)</th>
<th>Date</th>
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**Treatment Plan**

- Phase II Continuous Telemetry Monitored Cardiac Rehab, duration based on patient progress to a total of 36 sessions over a maximum of 36 weeks.
- Patient will be allowed to transition into Phase III (supervised, non telemetry monitored) if patient is asymptomatic and progressing without problems.
- A functional assessment (including sub-max treadmill, 6MWT, or Duke Activity Index Status) will be done at start of program and prior to discharge.
- Progressive exercise training 2-3 times per week, 30-60 minutes per session, utilizing cardio, strength, and other conditioning activities.
- Education/coaching to promote an active healthy lifestyle and reduction of personal cardiovascular risk factors.
- Perform blood sugar checks according to Seton Cardiac Rehab Exercise Program Protocol.
- Initiate all emergency protocols as indicated.
- Initiate O\(_2\) with exercise as indicated.
- Obtain 12-Lead EKG as indicated.

This patient is medically stable and cleared to begin cardiac rehabilitation.

Physician Signature: ________________________________ Date/Time: ________________________________

Physician Printed Name: ________________________________

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1. **Medical Park Tower**
   (An outpatient department of Seton Medical Center Austin)
   1301 W. 38th Street, Suite 510 • Austin, TX 78705
   Phone (512) 324-1037 • Fax (512) 324-1896

2. **Seton Southwest Hospital** • Health Plaza 2
   (An outpatient department of Seton Southwest Hospital)
   7900 FM 1826 • Austin, TX 78737
   Phone (512) 324-9283 • Fax (512) 406-6527

3. **Seton Medical Center Hays**
   6001 Kyle Parkway • Kyle, TX 78640
   Phone (512) 504-5129 • Fax (512) 268-8724

4. **Seton Medical Center Williamson**
   201 Seton Parkway • Round Rock, TX 78665
   Phone (512) 324-4160 • Fax (512) 324-4688

5. **Seton Burnet Specialty Clinic**
   (An outpatient department of Seton Highland Lakes Hospital)
   200 County Road 340A, Building 1B • Burnet, TX 78611
   Phone (512) 715-3130 • Fax (512) 715-3029 (Attn: Tom)