



Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Address \_\_\_\_\_ Patient Phone \_\_\_\_\_

Referring Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Most recent ETT (date) \_\_\_\_\_ Most recent ECG \_\_\_\_\_ (attach reports please)

Most recent lipid panel (date) \_\_\_\_\_ Most recent HbA1c (date) \_\_\_\_\_ (attach reports please)

Most recent cardiac echo (date) \_\_\_\_\_ (attach report please)

*(Tests listed above are not required, but if available reports are very helpful.)*

Most recent cardiac event \_\_\_\_\_ Date \_\_\_\_\_

Prior participation in hospital-based cardiac rehab? [ ] yes [ ] no If yes, please complete following:

This patient completed \_\_\_\_\_ sessions of the outpatient cardiac rehabilitation program at \_\_\_\_\_ (name of facility). Final session date \_\_\_\_\_

Please check all that apply:		
<input type="checkbox"/>	Male <45 years or female <55 years who have no symptoms or known heart disease or major coronary risk factors.	<b>Class A: Apparently Healthy Individuals.</b>
<input type="checkbox"/>	Male ≥ 45 years or female ≥ 55 years who have no symptoms or known heart disease and have < 2 major cardiovascular risk factors.	
<input type="checkbox"/>	Men > 45 years and women > 55 years who have no symptoms or known presence of heart disease and with > 2 major cardiovascular risk factors.	<b>Class B: Presence of Known, Stable Cardiovascular Disease With Low Risk for Complications With Vigorous Exercise, but Slightly Greater Than for Apparently Healthy Individuals</b>
<input type="checkbox"/>	Congenital heart disease *	
<input type="checkbox"/>	Cardiomyopathy: ejection fraction <30%; includes stable patients with heart failure with clinical characteristics as outlined below	
<input type="checkbox"/>	People with heart history (MI, CABG, PTCA, ANOCA, angina, abnormal exercise test, and abnormal coronary angiograms) whose condition is stable with clinical characteristics outlined below.	
<input type="checkbox"/>	Valvular heart disease, excluding severe stenosis or regurgitation	

Clinical Characteristics	
<input type="checkbox"/>	NYHA class 1 or 2
<input type="checkbox"/>	Exercise capacity > 6 METs
<input type="checkbox"/>	No evidence of acute congestive heart failure
<input type="checkbox"/>	No evidence of myocardial ischemia or angina at rest or during exercise below 6 METs
<input type="checkbox"/>	Appropriate rise in systolic blood pressure during exercise
<input type="checkbox"/>	Absence of sustained or non-sustained ventricular tachycardia at rest or with exercise
<input type="checkbox"/>	Ability to satisfactorily self-monitor intensity of activity

I recommend that this person participate in the CSUS Cardiovascular Wellness Program.

I concur that he/she falls into either category A or B of the risk stratification outline.

**Special instructions that apply to this patient during an exercise program:**

Physician Printed Name \_\_\_\_\_ Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please direct any questions about the Cardiovascular Wellness Program to: phone 916-278-4402, or email: [csuscwvwellness@gmail.com](mailto:csuscwvwellness@gmail.com). Fax # 916-278-1949