



Medical Recommendations for Take Heart & Breathe Well Exercise Rehab Programs

Cardiologist/Respirologist:	Patient Label Here
Primary Care Provider (MD/NP):	
Primary Diagnosis:	
Other Relevant Diagnosis:	Allergies:

- ☐ Best Possible Medication History Attached
- ☐ EF%: _____
- ☐ Recent BP/HR/SpO2 _____
- ☐ Exertional Oxygen: _____ litres/minute
- ☐ FEV 1: _____
- ☐ mMRC: _____

Patient Risk Factors:

<input type="radio"/> Smoker	<input type="radio"/> Obesity	<input type="radio"/> HTN	<input type="radio"/> Substance Use
<input type="radio"/> Diabetes/Pre DM	<input type="radio"/> Abnormal Lipid Levels	<input type="radio"/> Deconditioned	<input type="radio"/> Mental Health Concern

Activity Limiting Factors or Contraindications:

<input type="radio"/> PPM/ICD Settings _____	<input type="radio"/> Hypo/hyperglycemia	<input type="radio"/> Sternal complications	<input type="radio"/> Joint pain
	<input type="radio"/> Anxiety	<input type="radio"/> Hypoxemia	<input type="radio"/> SOBOE

Comments (injuries, devices/settings): _____

Risk Stratification:

- ☐ **Low Risk** – EF >50%; no CAD or mild to mod single vessel disease or fully revascularized
- ☐ **Intermediate Risk** – EF 40-49% severe 1 vessel CAD or mild 2 vessel disease or fully vascularized
- ☐ **High Risk** – EF <39% or moderate to severe multi-vessel disease or incomplete revascularization; complex ventricular arrhythmia; history cardiac arrest; multiple MI
- ☐ **Respiratory Concerns** (i.e.: Acute Exacerbation of COPD - AECOPD): _____
- ☐ **Complex** (physical/social factors/stressors/mental health): _____

If Max HR limitations recommended, please provide range _____ otherwise Rate of Perceived Exertion will be used or HR range will be calculated from stress test results if available. Please send recent treadmill test, if available.

I, _____ recommend that the above mentioned patient is safe to participate in one of the Take Heart & Breathe Well Exercise Rehab Programs.

MD/NP's Signature: _____ Date: _____