



Cardiovascular Rehabilitation Physician Order

Patient Label

Cardiovascular Rehabilitation
Preventative Cardiology
Medical Nutrition Therapy
Cardiopulmonary Exercise Testing
Supervised Exercise Therapy for PAD

University of Toledo Health
Henry L. Morse Center
3065 Arlington Avenue
Toledo, OH 43614

Phone: (419) 383-5378

Fax: (419) 383-2966

Patient Phone: _____				
<input type="checkbox"/> Phase II Cardiac Rehab	<input type="checkbox"/> Cardiopulmonary Exercise Testing			
<input type="checkbox"/> Phase III Cardiac Rehab	<input type="checkbox"/> Supervised Exercise Therapy for PAD			
Cardiovascular Diagnosis:				
<input type="checkbox"/> Stable Angina	<input type="checkbox"/> s/p CABG	<input type="checkbox"/> s/p Valve Surgery	<input type="checkbox"/> CHF	<input type="checkbox"/> Other: _____
<input type="checkbox"/> s/p PTCA/Stent	<input type="checkbox"/> s/p MI/NSTEMI	<input type="checkbox"/> s/p OHT	<input type="checkbox"/> PAD	
Cardiac Risk Factors:				
<input type="checkbox"/> Family Hx	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Post-menopause	<input type="checkbox"/> Stress	<input type="checkbox"/> Smoking
<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Sedentary Lifestyle	<input type="checkbox"/> Obesity	<input type="checkbox"/> Diabetes	
<p>Exercise Prescription should include the use of the treadmill, elliptical, cycle ergometer, rower, Sci-Fit, Nu-Step, weights, and UBE. Time and workload on any modality should be increased by the cardiac rehab staff, according to the patient's tolerance. The patient will begin at an intensity of resting HR +20-40 beats per minute and will be adjusted as needed by the Exercise Physiologist. Exercise should take place up to the 3 days per week for approximately 75 minutes each session. The patient will perform a 6 minute walk test and a cardiopulmonary exercise test during their stay in the program in order to provide an accurate exercise prescription. Please have the patient receive necessary nutrition counseling, diabetic treatment/counseling and risk factor modification, including education, counseling, and behavioral intervention tailored to the patient's individual needs/ITP. I have examined the above -listed patient and have determined that their admission to UTMC Cardiac Rehab Phase II/III. Cardiopulmonary Exercise Testing, and/or Supervised Exercise Therapy for PAD is medically necessary.</p> <p style="text-align: center;">Patient may use nitroglycerin 0.4 mg sublingually as prophylaxis for chest pain prior to exercise or per standing protocol for chest pain during exercise.</p> <p style="text-align: center;">Patients with diabetes who are taking an oral hypoglycemic agent or are on insulin for control of their diabetes will have finger stick blood sugars (FSBS) assessed pre- and post- exercise per cardiac rehab guidelines.</p>				
Please send this form to the above address		Physician Name (printed): _____		
		Physician Signature _____		
		Date: _____		Time: _____

