

Date _____

Patient Name _____ Date of Birth _____

Patient's Phone Number _____

ATTENTION: _____

DIAGNOSIS (please check all that apply):

Cardiac

- Angina I25.118
- MI I21.3
- PCI Z98.61
- CABG Z95.1
- Valve Surgery Z95.2
- Heart Transplant Z94.1
- CHF I50.9/I50.40

Class: _____

EF: _____

Hospital Discharge Date: _____

Pulmonary

- COPD J44.9
- Restrictive Lung Disease J98.4
- Sarcoidosis D86.9/CM J99
- Pulmonary Fibrosis J84.10
- Pulmonary Hypertension I27.0
- Lung Transplant Z94.2

Oxygen Use/Titration: _____

Oxygen continuous @ _____ L/m NC @ rest

Oxygen Use: _____ L prn with exertion/tirate to sat >90%

Other (please specify):

- _____

NECESSARY TREATMENT:

- Cardiac Rehabilitation** (includes telemetry monitored exercise and risk-factor reduction programs)
- Pulmonary Rehabilitation** (includes monitored exercise and risk-factor reduction education and programs)
- Enhanced External Counterpulsation (EECP)**
- Cardiopulmonary Maintenance**

ADDITIONAL ORDERS: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

PHYSICIAN PRINTED NAME: _____