



Stroud District Council Cardiac Rehab Phase IV - Referral Form

Patients Name: Address: Date Of Birth: Telephone:	Next of Kin Details:- Telephone:
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GP Details Name: Surgery: Telephone Number:
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CURRENT CARDIAC EVENT		
Most Recent Cardiac Event: Date:	Details:	Complications:

CARDIAC HISTORY			
MI: YES/NO Date: _____ CABG: YES/NO Date: _____ PCI: YES/NO Date: _____ Cardiac Arrest: YES/NO Date: _____ Valve: YES/NO Date: _____ Other: YES/NO Date: _____	Current Angina: YES/NO Date: _____ Details: _____ Triggers: _____ Angina at Rest YES/NO Date: _____	Arrhythmias: YES/NO Date: _____ Details: _____	Details of Event (if available):

MEDICATION (PLEASE CIRCLE)	
Aspirin Clopidogrel Warfarin Statin GTN Nitrates	Beta-blocker: Name: _____ ACE Inhibitor: Name: _____ Calcium Channel Blocker: Name: _____ Other Relevant medications:

INVESTIGATIONS		
ETT: YES/NO Date: _____ Result:	ECHO: YES/NO Date: _____ LV Function (please circle): Good Moderate Poor	Angiogram: YES/NO Date: _____ Result:

Any other Relevant Investigations/ Findings:

CHD RISK FACTORS (PLEASE CIRCLE)

Smoking	High Cholesterol	Lack of Exercise	Diabetic
Hypertension	Prolonged Stress	Excess Alcohol	Obesity

PAST MEDICAL HISTORY

CVA:	Date: _____	Details:
DIABTES:	Date: _____	
EPILEPSY:	Date: _____	
COPD/ASTHMA:	Date: _____	
CLAUDICATION:	Date: _____	
MUSCULOSKELETAL PROBLEMS:	Date: _____	
ORTHOPAEDIC PROBLEMS:	Date: _____	
OTHER:	Date: _____	

PHASE III EXERCISE STATUS

Date Attended:	Max. HR:	bpm
Number of Exercise Sessions:	Training range:	bpm
Risk Stratification:	Home exercises:	YES/NO
Exercise Session Time:	Type:	Frequency:
Total CV time:	Intensity:	Time:
Achieved 5 METS: YES/NO		

PATIENT INFORMED CONSENT

The Health Lifestyle Scheme is a partnership between Stroud District Council, Gloucestershire County Council, Gloucestershire Clinical Commissioning Group, Gloucestershire Care Services, Gloucestershire Hospitals NHS Foundation Trust, Stratford Park Leisure Centre, The Pulse, Fifth Dimension, and Richmond Village, which is intended to provide initiatives that promote and aid a healthy lifestyles.

The Healthy Lifestyle Scheme will process your medical details for the following purposes:-

- To enable us to assess your medical fitness and suitability for the Healthy Lifestyle Scheme initiative you have been referred to;
- To enable us to respond to any medical emergencies which arise during your involvement with the Health Lifestyle Scheme. We may pass this information to health professionals when dealing with any medical emergency;
- To enable the relevant Healthy Lifestyles Class Instructor to deliver an exercise session suitable for your medical conditions. This means that we will share relevant medical information about you that you have provided to us, with the Healthy Lifestyles Class Instructor who may be based at Stratford Park Leisure Centre, The Pulse, Fifth Dimension and Richmond Village.

By ticking each box I consent to my sensitive personal details being processed for each purpose listed. You have the right to withdraw your consent at any time. Further information about your rights and how Stroud District Council processes your Information can be found on our [Privacy Policy](#).

I agree for the above information to be passed onto the Exercise Instructor. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatment.

Signed Date

IMPORTANT NOTICE

The patient exhibits no contraindications to exercise	Referrers Name:
The patient is clinically stable	Referrers Signature:
The patient is compliant with medication	Date:
The patient IS/IS NOT awaiting further investigations or treatment	

This referral is only valid for six months from the date shown

PHASE IV USE ONLY

Risk Stratification:

MHR:

Training range:

_____ bpm

Any other relevant comments: