

Community Cardiac Rehabilitation Program Intake Form

PART 1 – Participant’s Statement of Understanding and Commitment

This section is to be completed by the applicant.

West Elgin Community Health Centre (WECHC), in partnership with Talbot Trail Physiotherapy, has developed a Community Cardiac Rehabilitation Program (CCRP).

This CCRP is designed for participants who have had a cardiac event (heart attack or angina) or cardiac surgery (including coronary artery bypass grafts (CABG), valve repair or replacement, percutaneous coronary intervention (PCI), angioplasty, and coronary stents) or high risk coronary artery disease.

The program will run for 8 weeks. Education sessions will be run twice a week (1 hours per session), with a 1-hour exercise portion once a week. It is important for participants to commit to attending the program regularly and to doing home exercises (cardio 3-5 times a week & strength training 1-2 times a week).

There is no cost to participants the first time they take the program as WECHC and some physiotherapy funding will cover the cost of the program. Participants who would like to repeat the program in the future will pay a fee to Talbot Trail for the weekly exercise part of the program.

The program is run in the community with some emergency response equipment on site. We will monitor heart rate, oxygen levels and blood pressure. 911 will be called for any emergencies. To help ensure that participants are able to participate in this program, all participants will go through a screening process, (physical exam, 6 Minute Walk Test & stress test) with final approval by a cardiologist, which we will help arrange.

At the end of the program, we will repeat the 6 Minute Walk Test & complete a discharge summary (number of sessions attended, change in exercise tolerance, goals etc.) If you would like a copy of this summary to be sent to your family doctor or nurse practitioner, please initial here. _____

By requesting this referral, you, the participant, are indicating your understanding of the above and your intention to attend the group sessions and follow the home exercises that will be given to you.

Name (Please print): _____

Signature: _____

Date (dd/mm/yyyy): _____

PART 2 – Medical History

This section is to be filled in by the applicant and their physician or nurse practitioner. When completed, please fax to Stephanie Aldom, NP at WECHC 519-768-2548.

Name: _____ DOB: _____

Phone number: _____ Can we leave a voicemail at this number? YES NO

Health card #: _____

Emergency contact name and phone: _____

Primary physician/nurse practitioner: _____

Reason for referral to Community Cardiac Rehabilitation Program:

Cardiac History (include all modifiable and non-modifiable risk factors):

List of all health conditions:

If you have diabetes, do you have a history of low blood sugar (hypoglycemia)? YES NO

List of current medications (drug name, dose and frequency):

All participants will require a recent ECG and stress test. If an applicant does not have one, we will arrange the tests. Please indicate the preferred location:

University Hospital, London, ON

St. Thomas, ON

Previous cardiac tests – Please attach all results for timely intake into program

Blood Work

Stress Test

ECG

Echocardiogram

Loop Monitor

Holter Monitor

Angiogram

24 Hour BP

Other: _____

Comments:

Primary Care Provider (Family physician or nurse practitioner)

Name (please print): _____

Signature: _____

Date (dd/mm/yyyy): _____

PART 3 – Initial Screening Interview

*This section will be filled in by a health care professional at the WECHC during your initial screening interview. **During this appointment, you will be required to walk (indoors) as far as you can in 6 minutes, so please wear appropriate shoes and clothing.***

Date: _____

History

Participant's goals: _____

Current exercise routine & symptoms:

Current mobility limitations:

Smoking history _____

Test results and blood work received from primary care provider? YES NO

If diabetic, any history of low blood sugar? YES NO

Cardiac assessment (pulse, cyanosis, clubbing, edema, peripheral pulses):

Pulmonary assessment (respiration, lungs, supplemental O2):

Other (mobility, orthopedic, neuromuscular, cognitive):

Ht:

Wt:

BMI:

6 Minute Walk Test (6MWT)

Medications taken before test (dose & time): _____

Supplemental oxygen during the test: NO YES (flow ___ L/min, type _____)

Blood sugar before 6MWT (if applicable): _____

	Baseline	End of Test
Time:	__:__	__:__
Heart rate	_____	_____
Blood pressure	___/___	___/___
SpO2	___%	___%
Dyspnea (Borg Scale)	_____	_____
Fatigue (Borg Scale)	_____	_____

Stopped or paused before 6 minutes: NO YES, reason: _____

Other symptoms at end of exercise: angina dizziness hip, leg or calf pain

Distance: _____ feet = _____ metres

Predicted distance: _____ metres Percent predicted: _____%

Comments:

WECHC Healthcare Professional

Name (please print): _____

Signature: _____

Date (dd/mm/yyyy): _____

PART 4 – Cardiology Assessment

To be filled in by Cardiology and faxed to Stephanie Aldom, NP at WECHC 519-768-2548.

ECG completed Yes No

Stress test completed Yes No

Comments:

After reviewing the applicant's intake package, is this applicant appropriate for a Community Cardiac Rehab Program at this time?

Yes, as long as they remain symptom-free

Yes, with the following limitations (ex. % max HR, low/medium/high self-perceived exertion etc.)

No, not at this time

Do you have any requirements for their vital signs before they are allowed to leave the building (back to resting state or another target, or as long as they are symptom-free)

Would you like this applicant to have a repeat stress test done after the Community Cardiac Rehab Program (8 weeks) is finished?

Yes No

Comments:

Cardiologist Name (please print): _____

Signature: _____

Date (dd/mm/yyyy): _____

PART 5 – Discharge Summary

A health care provider at the WECHC will fill this in at the end of the Community Cardiac Rehab Program and will give a copy to your family physician or nurse practitioner.

Dear Doctor/Nurse Practitioner

We are pleased to let you know that your patient, named below, has attended an 8-week Community Cardiac Rehabilitation Program comprised of both an exercise and an educational component. The **exercise component** was led by Talbot Trail Physiotherapy and included a once a week exercise program and a home program. The **educational component** was offered by health care professionals at the WECHC. Topics included (but were not limited to) how the heart works, pathophysiology of heart diseases, cardiac medications and interventions, heart-healthy nutrition, stress-management and smoking cessation.

Summary of Program Participation

Name: _____ Date attended: _____

Number of sessions attended: _____

Initial 6 MWT distance: _____ Discharge 6 MWT distance: _____

Patient-identified changes in exercise ability:

Patient-identified goals for the future:

Comments:

We are discharging your patient from our program back to your kind care. If we can offer support in the future, please do not hesitate to contact us.

Stephanie Aldom BSc, BScN, MPH, RN(EC), Chronic Disease Management

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