North Gwent
Cardiac Rehabilitation
and Aftercare Charity

cardiac-rehab.org uk
Charity reg no: 1056887
56 Holywell Crescent, Abergavenny NP7 5LG
Tel: 07856 692 148

GP exercise referral form – cardiac conditions

The below-named patient would like to take part in our community-based cardiac rehabilitation exercise classes. Please complete this form to help us understand their medical status and history so we can tailor our programme to suit their needs.

PATIENT DETAILS	REFERRER'S DETAILS
Name: DOB:	Name:
Address:	Profession:
Home tel: Work tel:	Surgery/Dept:
Emergency contact:	Work address:
Home tel: Work tel:	Postcode: Work tel:

CONTRAINDICATIONS

☐ **I confirm the patient is clinically stable and without any of the following contraindications to exercise:**

- ✘ Unstable angina
- ✘ BP drop > 20 mmHg demonstrated during ETT
- ✘ Uncontrolled atrial or ventricular arrhythmias
- ✘ Unstable diabetes
- ✘ Systolic blood pressure ≥180mmHg and / or diastolic blood pressure ≥100mmHg
- ✘ Resting tachycardia > 100bpm
- ✘ Unstable or acute heart failure
- ✘ Febrile illness

If any of the above apply please explain to the patient that they are not yet ready for referral and do not complete the rest of the form.

PATIENT CARDIAC HISTORY

☐ **No previous cardiac history**

Please tick those applicable below for all previous events, giving dates where possible:

☐ STEMI: Size: Site: Date:

☐ NSTEMI: Date:

☐ Unstable angina: Date:

☐ Stable angina: Date:

☐ CABG: Date:

PCI: ☐ Primary ☐ Elective Date:

Cardiac Arrest: ☐ Primary ☐ Secondary Date:

Valve: ☐ Repair ☐ Replacement Date:

☐ Heart failure Date:

NYHA classification: 1 ☐ 2 ☐ 3 ☐ 4 ☐

Current angina ☐ **Y** ☐ **N**

Date of onset:

Details of angina:

Triggers:

Relieved by rest or GTN: ☐ Y ☐ N

Arrhythmias ☐ **Y** ☐ **N**

Date of onset:

Details of arrhythmias:

Devices

ICD fitted:

Pacemaker fitted:

Details/Settings:

PATIENT MEDICATION (please tick all those currently taken)

☐ Aspirin ☐ Clopidogrel/ Prasugrel ☐ Lipid-lowering statin ☐ Beta-blocker ☐ Ivabradine ☐ Alpha Blocker

☐ ACE Inhibitor ☐ Angiotensin II Receptor Blocker ☐ Nitrate ☐ GTN spray/tablets Frequency of use of GTN:

☐ Calcium Channel Blocker (name): ☐ Potassium Channel Activators ☐ Diuretic ☐ Warfarin ☐ NOAC

☐ Anti–arrhythmic (specify type): ☐ Insulin ☐ Other medications (please specify)

GP exercise referral form continued…

INVESTIGATIONS			
ECG ETT: ☐ Y ☐ N Date: ☐ Full ☐ Modified ☐ Diagnostic Result: ☐ +ve ☐ –ve ☐ Functional METS:	BP: Pulse:	Echocardiogram: ☐ Y ☐ N Date: EF%: LV Function ☐ Good ☐ Moderate ☐ Poor ☐ Not known	Angiogram ☐ Y ☐ N Date: Perfusion scan: ☐ Y ☐ N Date: Myocardial CT scan: ☐ Y ☐ N Date: MRI scan: ☐ Y ☐ N Date: Result/treatment planned:

OTHER MEDICAL HISTORY

☐ Stroke ☐ Epilepsy ☐ COPD/Asthma ☐ Claudication ☐ Musculoskeletal problems ☐ Neuro problems

Other (please specify):

CHD RISK FACTORS (please tick all applicable)

Smoker ☐ Y ☐ N ☐ Ex-smoker ☐ High Cholesterol ☐ Physical Inactivity Diabetes: Type 1 ☐ Type 2 ☐

☐ Hypertension ☐ Anxiety ☐ Depression ☐ Excess Alcohol ☐ FH of CVD BMI: Waist circumference:

IMPORTANT NOTICE – the patient:	PATIENT – INFORMED CONSENT
☐ is clinically stable ☐ does not exhibit contraindications to exercise as per page 1 of this form ☐ is not awaiting further cardiology investigations or treatment ☐ is awaiting further follow-up or treatment (please specify): GP's signature: PRINT NAME: Date:	• I agree for the above information to be passed on to the Cardiac Rehab 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 inform the instructor of any changes in my medication and the results of any future investigations or treatment. Patient's signature: Date:

Thank you for your time. Please ask your patient to collect this form from your receptionist, so they can pass it on to our Cardiac Rehabilitation Exercise Instructors for review.

North Gwent
Cardiac Rehabilitation and Aftercare Charity

- We are a registered charity (no. 1056887), set up in 1990 to provide community-based cardiac rehab exercise classes at venues across North Monmouthshire and Blaenau Gwent.
- Our circuit-based classes are tailored specifically for people who have had a heart event and completed a Phase 3 cardiac rehab programme; are living with heart and cardiovascular disorders, including heart failure; or are at risk of developing heart disease.
- Our Cardiac Rehabilitation Exercise Instructors are qualified through the British Association for Cardiovascular Prevention and Rehabilitation (BACPR), the gold-standard for cardiac rehab instructors.
- We aim to make safe, regular exercise easy and affordable for our members and subsidise our classes through fundraising, donations and grants. We currently charge £5 per class for members (annual membership fee: £10), or £6 for non-members, with the option of 2 x free taster sessions for newcomers.
- We offer a weekly timetable of 10 classes at 8 different locations, including Tredegar, Ebbw Vale, Nantyglo, Blaenavon, Abertillery, Abergavenny, Usk and Monmouthshire.
- Our founder and chairperson is Jacky Miles MBE PhD, a former cardiac nurse with the Aneurin Bevan University Hospital Board. During her time with ABUHB, Jacky developed an award-winning multidisciplinary hospital-based cardiac rehabilitation programme and went on to qualify as a nurse consultant. She is currently Associate Professor with the School of Care Sciences at the University of South Wales.
- To find out more, visit **cardiac-rehab.org.uk**, email **info@cardiac-rehab.org.uk**, or call Charity Secretary Tony Lowery on **07856 692 148**.