



GP Practice Referral – Cardiac Rehab Exercise Class

Your patient would like to take part in our community-based Cardiac Rehab Exercise Classes.
Please complete the relevant sections of this form to help us understand their medical history,
so we can tailor our programme to suit their needs.

PATIENT DETAILS (patient to complete)	GP PRACTICE DETAILS (clinician to complete)
Name: DOB:	GP practice name:
Address:	Practice address:
..... Postcode: Postcode:
Home tel: Mobile:	Practice tel:
Work tel:	Clinician's name:
Emergency contact:	(PLEASE PRINT)
Home tel: Mobile:	Profession: <input type="checkbox"/> GP <input type="checkbox"/> Practice Nurse <input type="checkbox"/> Nurse Practitioner
Work tel:	Other (please specify):

CONTRAINDICATIONS

I confirm the patient is clinically stable and has none of the following contraindications to exercise:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Unstable angina | <input checked="" type="checkbox"/> Poorly controlled diabetes | <input checked="" type="checkbox"/> Systolic blood pressure ≥ 180 mmHg |
| <input checked="" type="checkbox"/> Poorly controlled heart arrhythmia | <input checked="" type="checkbox"/> Unstable or acute heart failure | and/or diastolic blood pressure ≥ 100 mmHg |
| <input checked="" type="checkbox"/> Resting tachycardia > 100bpm | | |

If any of the above apply, do not complete this form. Instead, please explain to your patient that they are not yet ready for referral.

PATIENT CARDIAC HISTORY

Please provide details of relevant cardiac history, including year, if known, for any of the following:

- Cardiac Arrest STEMI NSTEMI Bypass surgery
 Valve repair or replacement Stents: Primary Elective
 Heart failure: Left Right

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Ejection Fraction, if known:

Completed hospital cardiac rehab programme? Yes No

Year, if known:

No previous cardiac history

Angina Yes No Year of onset, if known:

Details, including triggers, if known:

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Relieved by rest or GTN: Yes No

Arrhythmia Yes No Year of onset, if known:

Type (eg AF, SVT):

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Devices Year fitted, if known

Pacemaker: Single chamber

Dual chamber

Biventricular

ICD

PATIENT MEDICATION

Please print off and attach the patient's current medication list.

GP Practice Referral continued...

OTHER MEDICAL HISTORY <i>(please tick)</i>	
<input type="checkbox"/> Stroke <input type="checkbox"/> Epilepsy <input type="checkbox"/> COPD/Asthma <input type="checkbox"/> Claudication <input type="checkbox"/> Musculoskeletal problems <input type="checkbox"/> Neuro problems Other <i>(please specify)</i> :	
CHD RISK FACTORS <i>(please tick)</i>	
Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ex-smoker <input type="checkbox"/> High cholesterol <input type="checkbox"/> Physical inactivity Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Hypertension <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Excess alcohol <input type="checkbox"/> Family history of CVD BMI (if known):	
CLINICIAN – IMPORTANT NOTICE	PATIENT – INFORMED CONSENT <i>(patient to complete)</i>
<input type="checkbox"/> I agree the patient is clinically stable Clinician's name: <i>(PLEASE PRINT)</i> Clinician's signature: Date: <p style="text-align: center;"><i>Thank you for your time. Please return this form to your patient, so they can pass it on to our Cardiac Rehab Exercise Instructors for review.</i></p>	<ul style="list-style-type: none"> I agree for this information to be shared with the Cardiac Rehab Exercise Instructor. I agree that I will monitor myself during exercise and will tell my instructor straightaway if I have any new or unusual symptoms. I will tell my instructor if my doctor changes my medication, or if I am prescribed antibiotics. I will tell my instructor if I have any other heart tests or treatment, or if any are planned. I will avoid coming to class if I feel unwell, especially if I have a fever. Patient's signature: Date: <p style="text-align: center;"><i>Please check that you have completed the 2 x red-coloured sections of this form then pass it on to our Cardiac Rehab Exercise Instructors for review. Please also include any recent letters about your heart from your doctor or hospital.</i></p>



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. Jacky was a Nurse Consultant for Cardiac Rehab and Heart Failure Services with the Aneurin Bevan University Health Board (ABUHB) until 2017, and Associate Professor with the School of Care Sciences at the University of South Wales until her retirement in 2023. During her time with ABUHB, Jacky developed an award-winning multidisciplinary hospital-based cardiac rehabilitation programme.
- 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.