H2H
HOSPITAL-TO-HOME

This sample cardiac rehab referral form highlights essential information that can make referral forms most useful in managing AMI patients.

Sample Cardiac Rehabilitation Referral Form

Patient Information

Patient Name: _____
Patient DOB: _____
Patient Phone Number: _____

Primary Diagnosis during Hospitalization

Date	Select all that apply
_____	❒ Angina
_____	❒ Percutaneous Coronary Intervention (PCI)
_____	❒ Myocardial Infarction (MI)
_____	❒ Coronary Artery Bypass Graft (CABG) Surgery
_____	❒ Coronary Artery Disease (CAD)
_____	❒ Heart Transplant
_____	❒ Valve Surgery
_____	❒ Other

Referring Physician

Signature: _____
Print Name: _____
Phone Number: _____
Date: _____
Time: _____

Local Cardiac Rehab Program

❒ <Program Name>
<Address>
<Phone Number>

❒ <Program Name>
<Address>
<Phone Number>

❒ <Program Name>
<Address>
<Phone Number>

❒ <Program Name>
<Address>
<Phone Number>

To find local programs, go to the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) Online Searchable Program Directory
http://www.aacvpr.org/Resources/SearchableProgramDirectory/tabid/113/Default.aspx