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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Select all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Angina</td>
</tr>
<tr>
<td></td>
<td>☐ Percutaneous Coronary Intervention (PCI)</td>
</tr>
<tr>
<td></td>
<td>☐ Myocardial Infarction (MI)</td>
</tr>
<tr>
<td></td>
<td>☐ Coronary Artery Bypass Graft (CABG) Surgery</td>
</tr>
<tr>
<td></td>
<td>☐ Coronary Artery Disease (CAD)</td>
</tr>
<tr>
<td></td>
<td>☐ Heart Transplant</td>
</tr>
<tr>
<td></td>
<td>☐ Valve Surgery</td>
</tr>
<tr>
<td></td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

**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