

## Heywood, Middleton, and Rochdale NHS Cardiac Rehabilitation Service Referral Form

Cardiac Rehabilitation Service Overview
<p>We offer a tailored programme of exercise and education to:</p> <ul style="list-style-type: none"> <li>Improve exercise tolerance and functional performance</li> <li>Aid recovery from surgery, procedure or cardiac event</li> <li>Reduce risk of further cardiac problems</li> <li>Facilitate lifestyle change, promote self-management, build confidence and support return to as full a life as possible</li> <li>Improve mental health, wellbeing and quality of life</li> </ul> <p>Each patient will be individually assessed prior to being offered a course in a local venue. Cardiac Rehabilitation consists of 2 supervised session per week for 6 weeks, with an individually prescribed home exercise programme. We also offer a menu of virtual options for patients with barriers to attending a face-to-face programme.</p>

Informed consent and motivation	Yes	No	Not asked
Referral			
Share information in on SystemOne			
Share information out on SystemOne			
SMS contact			
Patient offered supporting information about the referral?			
Motivated to attend			

Preferred location for Cardiac Rehabilitation	
The Lighthouse Project, Second Floor, Middleton Shopping Centre, M24 4EL	
Back O'th Moss Community Centre, Peel Lane, Heywood, OL10 4TU	
St Andrews Methodist and United Reformed Church, 46 Entwistle Rd, Rochdale OL16 2HZ (Next to Rochdale Leisure Centre)	

Patient Details			
Name		NHS No.	
DOB		Gender	
Address		GP Practice	
Home Tel No.		Named GP	
Mobile No.		Email Address	

For any queries, please call: **0800 012 1858**  
 Please email referrals and attachments to: [BOC.ClinicalServices@nhs.net](mailto:BOC.ClinicalServices@nhs.net)  
 Incomplete referrals will be returned to referrer.

Special considerations	Yes	No	Unknown	Further information
Hearing impairment				
Visual impairment				
Cognitive impairment				
Mental health condition				
Low literacy				
Low digital literacy / confidence				
Communication requirement?				
Language spoken				
Interpreter required?				
Any other DEI considerations:				

Clinical History (Please attach GP summary where able including past medical history and current medications)
<b>Diagnosis/Presenting Problem</b> <input type="checkbox"/> Angina <input type="checkbox"/> Valve Disease <input type="checkbox"/> Unstable Angina <input type="checkbox"/> ICD <input type="checkbox"/> STEMI <input type="checkbox"/> HF <input type="checkbox"/> NSTEMI <input type="checkbox"/> Other
<b>Treatment</b> <input type="checkbox"/> PCI <input type="checkbox"/> CABG & Valve <input type="checkbox"/> PPCI <input type="checkbox"/> Medical treatment <input type="checkbox"/> CABG <input type="checkbox"/> ICD <input type="checkbox"/> Valve <input type="checkbox"/> Other
<b>Current Medication (List or attach GP summary)</b> <input type="checkbox"/> Aspirin <input type="checkbox"/> Clopidogrel <input type="checkbox"/> Statin <input type="checkbox"/> Prasugrel <input type="checkbox"/> Beta blocker <input type="checkbox"/> Ticagrelor <input type="checkbox"/> Ace Inhibitor
<b>Past medical history (List or attach GP summary)</b> <i>Please ensure that details of any impairments or conditions ticked above are included.</i>
<b>Mobility</b> <i>Please provide details of any walking aids used, any falls in the last 12 months or any current issues with pain or balance.</i>
<b>Additional information</b>

<b>Recent Results (Provide details or attach report)</b> <i>E.g. ECHO, ECG or bloods in the last 3 months</i>			
Last Ejection Fraction (if known)		%	Date
Smoking status			
Height		Weight	BMI
Other risk factors			
<input type="checkbox"/> Family history <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidaemia			

Please refer to **Cardiac Rehabilitation Service Referral Information** for decision making tool regarding suitability of Cardiac Rehab referral, detailed inclusion and exclusion information and additional requirements.

<b>Referral supporting information required</b> <i>You do not need to include this if the consent to share boxes above have been checked and the patient's primary care provider is a user of SystmOne.</i>					
Is the patient GP summary attached?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Not available <input type="checkbox"/>
Is the discharge summary attached (if applicable):		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Not available <input type="checkbox"/>
Is the most recent attached:	ECHO report	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Not available <input type="checkbox"/>
	ECG report	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Not available <input type="checkbox"/>
	Cardiology / Cardiac surgery letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Not available <input type="checkbox"/>

<b>Referrer</b>	Name		<b>Source</b>	Primary care	
	Job title			Secondary care	
	Organisation			Requested by secondary care	
	Telephone No.			Community team	
	NHS.net email			Other	
	Date				