XC201340

_____ Hospital / Health Service

WACHS Physiotherapy Cardiac Rehabilitation Assessment

Surname	UMRN / MRN	
Given Name	DOB	Gender
Address		Post Code
	Telephone	

Date:	Cardiologist / Cardiac Surgeon:
GP:	Physiotherapist:

Diagnosis and History

Social History

Current Exercise Tolerance: Limiting factor (e.g. Shortness of Breath, dizziness, pain, fatigue, self-limiting)

Past Medical History ☐ see attached summary / referral

Medications ☐ see attached summary / referral ☐ Medications optimised + Stable for 1/12

Rescue medication (in case of emergency), beta blockers:

Cardiac Symptoms

☐ Fatigue / Tiredness	☐ SOB (inc. orthopnia)
☐ Palpitations	☐ Sleep disturbance (apnoea, CPAP, toilet)
☐ Ankle / Belly swelling	☐ Weight fluctuations
☐ Cough	☐ Reduced appetite
☐ Pain	☐ Dizziness
☐ Bowel / Bladder issues	☐ Emotional wellbeing

☐ Angina Last episode: Frequency: Aggravating factors:

Investigations: (e.g. echo, ECG, stress test, angiogram) ☐ see attached summary / referral

Observations

BP:	PR:	Resting SpO_2:

Other:

EFFECTIVE: 26 May 2017

MR 62.25 PHYSIOTHERAPY CARDIAC REHABILITATION ASSESSMENT

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Risk Factor Management	
☐ Smoking status (/day, years, date ceased)	☐ Diabetes
☐ Physical activity (inc. walking aids)	☐ Blood pressure
☐ Weight	☐ Diet (inc. cholesterol)
☐ History of stress / depression / anxiety	☐ Family History
☐ Fluid intake / restriction	☐ Vaccination
☐ Caffeine / alcohol	☐ Salt intake / restriction (120mg/100g)

Biometrics			
Weight:	Height:	BMI:	Waist to hip ratio:

6 Minute Walk Test ☐ see attached summary / report				
CV drugs affecting Heart Rate:				
Total distance:	Pre HR: Max HR:	Pre SpO2: Min SpO2:		Borg max:

New York Heart Association Functional Class (see information sheet for grades)
Sternal Stability (see information sheet for grades)
Quality of life assessment: SF-36 Version 2 vs Minnesota Scale

Physical component:	Emotional component:

Client Goals
Intervention
Plan

Physiotherapist _____ Signature _____ Date _____