

Patient Sticky Label
(Name, Date of Birth, Gender)

Tel / HP:

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| <input type="checkbox"/> Heart Wellness Centre @ Bishan
9 Bishan Place #07-01
Junction 8 (Office Tower)
Singapore 579837
Tel: 6354 9348 /6354 9370
Fax: 6258 5240 | <input type="checkbox"/> Heart Wellness Centre @ Gombak
810 Bukit Batok West Ave 5
Bukit Gombak Sports Hall
#02-02, Singapore 659088
Tel: 6337 9318 /6337 9312
Fax: 6337 9336 |
| <input type="checkbox"/> Heart Wellness Centre @ Fortune Centre
190 Middle Road #04-34
Fortune Centre (Retail Podium)
Singapore 188979
Tel: 6336 9337
Fax: 6336 9330 | <input type="checkbox"/> Home Rehab (Case-by-case) |

Inclusion Criteria	Exclusion Criteria
<input type="checkbox"/> Post-cardiac procedures; e.g. CABG, PTCA, valve replacement / repair <input type="checkbox"/> Insertion of Pacemaker/ AICD/ Others (Please specify): _____ <input type="checkbox"/> Asymptomatic ischaemic heart disease/ stable angina <input type="checkbox"/> Stable chronic heart failure <input type="checkbox"/> Hypertension <input type="checkbox"/> Overweight BMI > 23 <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Impaired glucose tolerance <input type="checkbox"/> Dyslipidaemia <input type="checkbox"/> Smoking <input type="checkbox"/> For Wellness (case-by-case basis)	<input type="checkbox"/> Significant atrial & ventricular arrhythmias <input type="checkbox"/> 3 rd degree AV block without pacemaker <input type="checkbox"/> Unstable angina <input type="checkbox"/> Unstable or acute cardiac failure <input type="checkbox"/> Recent embolism <input type="checkbox"/> Left ventricular outflow obstruction <input type="checkbox"/> Valvular heart disease. Eg. Moderate to severe aortic stenosis <input type="checkbox"/> Uncontrolled diabetes mellitus; glc random >15mmol/l, fasting >12mmol/l <input type="checkbox"/> Uncontrolled hypertension; BP > 160/100 <input type="checkbox"/> Resting HR > 100bpm <input type="checkbox"/> Acute pericarditis or myocarditis <input type="checkbox"/> Acute systemic illness or fever <input type="checkbox"/> Cognitive deficits (case-by-case basis) <input type="checkbox"/> Functional mobility limitation (case-by-case basis) <input type="checkbox"/> Left ventricular ejection fraction < 40% * (EF 30-40% accepted on case-by-case basis)

Diagnosis, Medical History and Relevant Information (e.g. Precautions, Target Heart Rate)

Completed by

I hereby certify that Mrs/Ms/Mr _____ NRIC _____ is not diagnosed with any of the conditions stated in the above exclusion criteria. He/she is suitable to join an exercise programme at low/moderate intensity.	Name of Dr / Cardiac Rehab PT/Nurse Clinic & Hospital Signature Date
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Kindly attach report(s) of all medical investigations done (e.g. Treadmill stress test, 2-D Echo, Lipid profile etc). Thank you!