

Client	Referred by
<p>Client's Sticky Label (Name, DOB, Gender) OR</p> <p>fill in below:</p> <p>Mrs/Ms/Mr _____</p> <p>NRIC: S / T XXXX - </p> <p>Gender: M / F _____ DOB: _____</p> <p>Tel / HP: _____</p> <p>Email: _____</p>	<p>To the best of my knowledge, this client is not diagnosed with any of the conditions stated in the below exclusion criteria.</p> <p>He/she is suitable to join a community exercise programme.</p> <p>Name of Dr / Cardiac Rehab Physiotherapist / Nurse _____</p> <p>Clinic / Hospital _____</p> <p>Contact No / Email _____</p> <p>Signature _____</p> <p>Date _____</p>

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> <input type="checkbox"/> Post-cardiac procedures; e.g. CABG, PCI, valve replacement / repair <input type="checkbox"/> Insertion of Pacemaker/ ICD <i>(Please state threshold HR set):</i> _____ <input type="checkbox"/> Other devices inserted <i>(Please specify):</i> _____ <input type="checkbox"/> Asymptomatic ischaemic heart disease <input type="checkbox"/> 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 	<ul style="list-style-type: none"> <input type="checkbox"/> Uncontrolled and/or life threatening atrial or ventricular arrhythmias <input type="checkbox"/> 3rd degree AV block or complete heart block without pacemaker <input type="checkbox"/> Unresolved unstable angina <input type="checkbox"/> Unstable or acute cardiac failure <input type="checkbox"/> Left ventricular ejection fraction < 40% <i>*(accepted on case-by-case basis)</i> <input type="checkbox"/> Acute pericarditis or myocarditis or endocarditis <input type="checkbox"/> Unresolved pulmonary or systemic embolism, pulmonary infarction or deep venous thrombosis <input type="checkbox"/> Acute thrombophlebitis <input type="checkbox"/> Unresolved severe pulmonary hypertension <input type="checkbox"/> Aortic aneurysm > 4.5cm or untreated aortic dissection or any dissecting aneurysm <input type="checkbox"/> Left ventricular outflow obstruction <input type="checkbox"/> Untreated moderate to severe valvular heart disease (E.g. aortic stenosis <1cm²) <input type="checkbox"/> Uncontrolled diabetes mellitus (Random glucose > 15mmol/L <u>or</u> fasting glucose > 12mmol/L) <input type="checkbox"/> Uncontrolled hypertension (Resting systolic BP > 180mmHg and/or diastolic BP > 100mmHg and not trending down with rest) <input type="checkbox"/> Symptomatic orthostatic blood pressure drops of > 20mmHg <input type="checkbox"/> Resting HR > 100bpm (sinus rhythm), and not trending down with rest <input type="checkbox"/> Acute systemic illness or fever <input type="checkbox"/> Any inadequately treated metabolic conditions e.g. acute thyroiditis, hypo/hyperkalaemia, hypomagnesemia, hypovolemia <input type="checkbox"/> Any unhealed wound that will worsen with exercise <input type="checkbox"/> Severe orthopaedic and/or neurological conditions and/or cognitive dysfunction that would inhibit participation in group exercise <i>(Based on SHF physiotherapist's judgement)</i>

Diagnosis, Medical History, Precautions, Restrictions, Dates of admission / discharge/ investigations

Please turn over

Please turn over

**Diagnosis, Medical History, Precautions, Restrictions, Dates of admission / discharge/
investigations (cont'd)**

Kindly attach report(s) of all medical investigations done (e.g. Treadmill stress test, 2-D Echo, Lipid profile etc), if any. Thank you!

Acceptance to the programme is subjected to the discretion of the SHF physiotherapists.

Phase 2 Cardiac Rehabilitation

Has the client undergone Phase 2 Cardiac Rehabilitation?

Yes **No** **Not Applicable**

If Yes:

How many cardiac rehab sessions did the client undergo? _____

Date & 6-minute walk test distance (if applicable): _____

Date & Heart Rate Walking Speed Index (if applicable): _____

Final Target Heart Rate prescribed: _____

Please tick accordingly below.

**Heart Wellness Centre
@ Bishan**
9 Bishan Place #07-01
Junction 8 (Office Tower)
Singapore 579837
Tel: 6354 9348 / 63
Fax: 6258 5240
Email: hwc1@heart.org.sg

**Heart Wellness Centre
@ Fortune Centre**
190 Middle Road #04-34
Fortune Centre (Retail Section)
Singapore 188979
Tel: 6336 9337
Email: hwc2@heart.org.sg

**Heart Wellness Centre
@ Gombak**
810 Bukit Batok West Ave 5
Bukit Gombak Sports Hall
#02-02, Singapore 659088
Tel: 6337 9318 / 12
Fax: 6337 9336
Email: hwc3@heart.org.sg