

RX:

Medically Supervised Exercise, Education and Risk Reduction



A program of the Cardiac Therapy Foundation of the Midpeninsula

Patient's Name: _____

Phone number: _____ **DOB:** _____

My patient **currently does not have:** unstable angina, uncompensated CHF, unexplained syncope, uncontrolled or symptomatic arrhythmias.

- I agree to have my patient participate in the HeartFit For Life program and in the event of a medical emergency, to be treated per ACLS protocols by ACLS certified personnel.
- I agree to have my patient counseled in measures designed to reduce coronary risk factors.
- I agree to continue the regular care of my patient throughout his/her participation in HeartFit For Life.

If no stress test post event is available, please indicate exercise parameters

_____ **Patient may exercise up to a heart rate of _____ and/or _____**

_____ **Patient may exercise at perceived exertion level of 13 (somewhat hard) if asymptomatic**

_____ **Patient must wait for stress test to start program**

_____ **Other instructions:** _____

Signature: _____, **M.D.**

Printed: _____ **Date:** _____

_____ **I will fax or mail available records** (Last Office Visit notes with diagnosis/medication list, Hospital Discharge Summary, EKG with tracing, Treadmill test, Lipid profile, A1C)

OR

_____ **HeartFit For Life to obtain records from M.D. or Medical Records department at fax#:** _____

Please mail or fax to:

HeartFit For Life, 4000 Middlefield Rd, Suite G-8, Palo Alto, CA 94303 // Fax: 650-494-1301

Standard services included: Supervised exercise training including strength, flexibility, and aerobic conditioning; weight loss through nutritional counseling; blood sugar management; blood pressure monitoring; cholesterol management and education; Heart Forum educational classes; stress management.