

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 available records requested below to #650-494-1301

HeartFit For Life to obtain records from Medical Records Department

Most recent EKG with tracing (12-lead)

Treadmill test post event

Recent Lipid profile, Fasting Blood Glucose & A1C

Last Office Visit notes with diagnosis/medication list

Hospital Discharge Summary

Immunization record (COVID)

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.