

Phase III to Phase IV Transfer Form



Please print clearly

Name: _____ D.O.B. _____ Age _____

Address: _____

Post Code _____

Telephone numbers: _____ GP name & telephone number _____

Current Cardiac Event (Circle or ✓ if applicable)

Complications/comments

ACS / NSTEMI / STEMI Date: _____

Angioplasty / Stent: Date: _____

CABG: Date: _____

ICD / Pacemaker Date: _____

Heart Failure Mild Mod Severe

Current Angina At Rest On Exertion relieved by GTN Current Dyspnoea

Current Arrhythmia Details _____

Previous Cardiac History

MI Date: _____ Angina Date: _____

CABG Date: _____

PCI Date: _____ Other cardiac event / surgery Date: _____

ICD/Pacemaker Date: _____

ETT: No Yes Date: _____

Result: +VE -VE

Protocol: Full / Mod Bruce

Reason for termination: _____

Angiogram: Yes No

Date: _____

Result _____

LV Function:

Good

Moderate

Poor

Current Medications (✓ if prescribed)

Aspirin Clopidogrel Beta blocker Ace Inhibitor Statin Nitrate

Calcium channel blocker (Please state) _____ Diuretic Warfarin ARBs

Anti-arrhythmic (Please state) _____ Other: _____

Risk factors

Ex / smoker Raised Cholesterol Hypertension Physically Inactive Stress

Excess Alcohol Family History BMI _____ Stable Type 1 / Type 2 Diabetes

Past Medical History

COAD / Asthma Epilepsy Claudication CVA / neurological conditions

Ortho/musculoskeletal conditions (Please state) _____

Other considerations: _____

Information on completion Phase III

Date of entry to III: _____

Limitations during exercise: Yes No

Date of discharge from III: _____

No of ex sessions attended: _____

Adaptations to exercise: Yes No

Pre-ex HR reg/irreg: _____ bpm

Pre ex BP: _____ mmHg

Walk dist: _____ time: _____

Training HR: _____ bpm RPE @ _____

Freq of walks per week: _____

Total CV time in Phase III prescription _____ mins

Type of other home ex: _____

Comments on Phase III prescription: _____

Freq per week: _____

Resumed work: Yes No Rtd

Competent in self pacing exercise: Yes No

Occupation: _____

Patient goals for activity & any associated CHD risk factors

-
-
-
-

Important Notice

Please identify if patient is awaiting further medical/surgical treatment **after** completion of Phase III in which case transition to Phase IV may need to be **delayed or exercise limited** pending the results

e.g

- Angiogram
- Cardiology Review
- Angioplasty
- Cardiac Investigations
- Surgery

CR Professional Signature: Date:.....

Name and Title:.....(please print)

Telephone No:.....

I agree for the above information to be passed on to the Phase IV Exercise Instructor. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatment.

Patient Signature:.....

Name and Title:.....(please print)

PLEASE NOTE THE INFORMATION ON THIS BACR PHASE III TO IV TRANSFER FORM IS ONLY VALID FOR 6 MONTHS AFTER DISCHARGE FROM PHASE III