



Pulmonary Rehabilitation Physician Admission Form

Please fill form out completely.

Date: _____

Patient Name: _____ DOB: _____

Primary Diagnosis: _____

Current oxygen prescription, if applicable : _____

Reason for Pulmonary Rehabilitation :

_____.

This patient's exercise sessions should be monitored by cardiac telemetry

Yes No

The following results need to be returned with this signed form in order for Pulmonary Rehab. to be initiated:

- Complete history and physical
- Clinic notes from initial and most recent visits
- CXR report (within one year)
- Resting ECG (within 3 months w/CAD; 6 months w/o cardiac hx.)
- Pulmonary Function Tests (within six months or after recent hospital discharge)
- Resting ABG on room air (within six months)
- CBC (within six months, if available)
- Cholesterol profile (within six months, if available)
- Glucose Profile (within six months, if available)
- Theophylline level (within six months), if applicable
- Maximal exercise stress test

Do you wish JHBMC to perform any of the required testing? Yes No (please circle)

If so, please circle the appropriate tests:

ECG ABG on room air CBC Max. Exercise Test
PFT's CXR Other: _____

Are there any special conditions, precautions, or restrictions which may affect this patient's participation in the program, or require additional consultation (DM,

arthritis, arrhythmias, prosthesis)?

Target heart rate will be based primarily on patient's perceived exertion and dyspnea AND within 65-85% or the maximum predicted heart rate, unless otherwise suggested.

Supplemental oxygen will be titrated to keep oxygen saturations at least ____ %.

Blood glucose will be monitored by the pulmonary rehabilitation staff, as needed, should the patient show signs or symptoms of hypo/hyperglycemia during a pulmonary rehab. session.

Please check areas of training and education that should be included in this patient's treatment plan:

- Full program covers all of the topics listed
- Disease process
- Proper use and indications for medications
- Nutrition
- Activities of daily living
- Breathing retraining
- Relaxation skills
- Energy conservation
- Psychosocial interventions
- Supplemental oxygen, if indicated
- Physical training/exercise each visit.
- Include significant others in treatment

This patient is recommended for admission into the Pulmonary Rehabilitation Program.

Referring Physician Name (printed)

Date

Referring Physician's Signature

Phone/Pager #

Please return this signed form and Medical Records via FAX @ 410-550-1682 to Marlene Dougherty, RRT.

YOUR PATIENT CANNOT START PULMONARY REHAB WITHOUT THIS INFORMATION.

