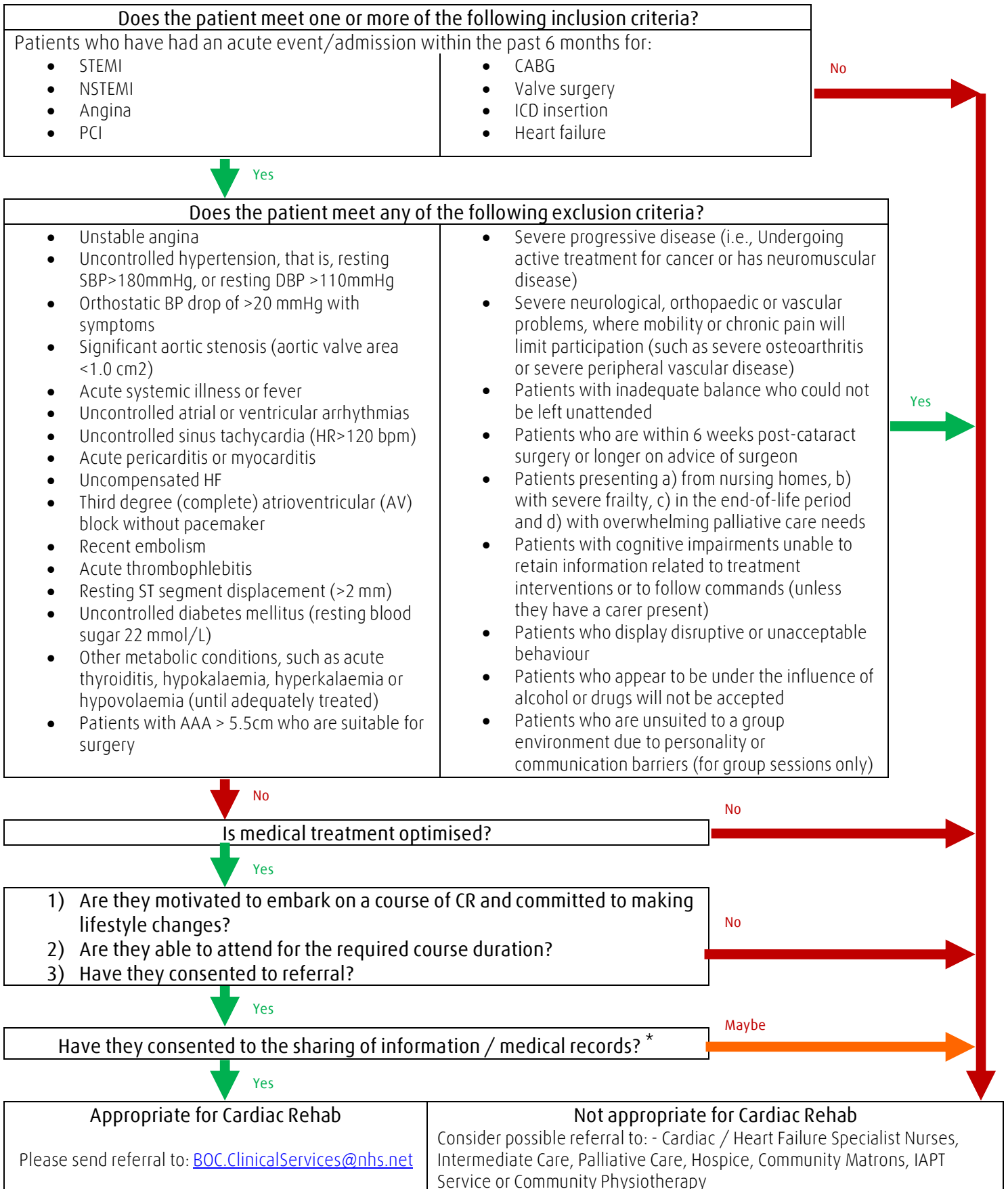


## BOC Cardiac Rehabilitation Service Referral Information



## Who can refer?

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| <b>Provider / Organisation:</b><br>Primary Care<br>Secondary Care<br>Tertiary Care<br>Community Care (including Mental Health & Learning Disabilities) | <b>Professionals:</b><br>Doctors<br>Nurses<br>Health Care Professionals such as Physiotherapists, Occupational Therapists, Dietitians, Pharmacists, Paramedics, Counsellors and Psychotherapists |
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## What information is required on referral?

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| <b>Secondary, Tertiary or Community Care</b> | Please send either referral form, Electronic Discharge Notification (EDN) or most recent clinic record / letter including patient's co-morbidities and any other considerations for rehabilitation e.g. Problem list or complete referral form as able. <i>Please ensure that consent for information sharing has been documented if referral form not used.</i> |
| <b>Primary Care</b>                          | Please send the following as able: <ul style="list-style-type: none"> <li>- GP summary including prescribed medication list, current problems, and full past medical history</li> </ul>  |

For all referrals received from professionals outside of primary care where full information may not be available, we will contact the GP for copies of the summary provided the patient has agreed to information sharing.

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| <b>*Information sharing</b>   |
| Patient's may not be automatically rejected if they have not agreed to sharing at point of referral, however it can make it more difficult to confirm their safety to exercise; this may lead to them being deemed unsuitable following assessment or may delay the start of care whilst further investigation takes place. |
| Where further information may be required regarding co-morbidities (due to lack of detailed information), there will usually be an attempt to source this information prior to assessment if it has not been included with the referral information provided.   |

## Special considerations – Additional information required

*If the patient has a history of the following; then please enclose the required additional with the referral (as able for those referring from outside of primary care)*

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| <b>Abdominal aortic aneurysm (AAA)</b> | <b><i>CT Scan, Ultrasound or MRI angiography report. Size of aneurysm is required to determine appropriate exercise prescription.</i></b><br><br><i>Aneurysm size:</i><br><b><i>3.0 to 4.4cm – ideally report should be within the last 12 months</i></b><br><b><i>&gt;4.5cm – ideally report should be within the last 3 months</i></b><br>(Patients with a AAA >5.5cm require considerable exercise adaptation, only those who are deemed inappropriate for surgery are eligible for cardiac rehab) |
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**Please note that referrals received that do not supply the required information may be rejected**