



Referral Form

- Antigonish Town & County Guysborough Town & County Strait Area

Patient: _____ D.O.B. (Y/M/D): _____ NS Health Card#: _____

Address: _____ Telephone (H): _____

Cardiac Risk Factors:

- | | |
|---|---|
| <input type="checkbox"/> Smoking (#yrs/ppd) _____ (current smoker or quit within the last 6 months)
<input type="checkbox"/> Hypertension (or on antihypertensive meds)
<input type="checkbox"/> Dyslipidemia
<input type="checkbox"/> Diabetes Mellitus
<input type="checkbox"/> Pre-Diabetes
<input type="checkbox"/> Obesity
<input type="checkbox"/> PVD
<input type="checkbox"/> Stroke | <input type="checkbox"/> Coronary Artery Disease (see exclusion criteria on reverse):
<input type="checkbox"/> MI
<input type="checkbox"/> Unstable Angina/Angina
<input type="checkbox"/> CHF
<input type="checkbox"/> Heart Transplant
<input type="checkbox"/> CABG
<input type="checkbox"/> PTCA
<input type="checkbox"/> Other: _____
<input type="checkbox"/> EF: _____ |
|---|---|

Premature CHD in immediate family? Yes No

Complications related to CAD (or post cardiac event): _____

Other Health Problems:

- Kidney Failure Valve Surgery Atrial Fibrillation Other

Special Considerations:

- Hearing Vision Other: _____

Please include copies of cath reports, recent stress test and pertinent information if available.

Referee's Name: _____ Discipline: _____

Referee's Signature: _____ Date: _____

Fax Referrals to (902) 863-7194. Telephone (902) 863-7193.

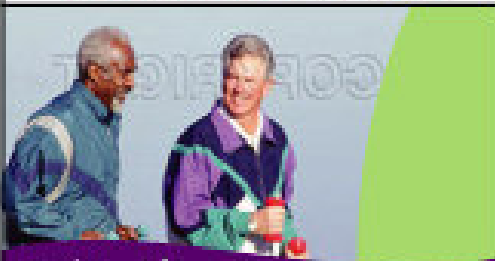
Office Use:

- Primary Secondary

Consent Date: _____



Community Cardiovascular Hearts in Motion



Join the Movement!



A Program Designed to
Help You Take Control of Your
Cardiovascular Health

Community Cardiovascular Hearts in Motion (CCHIM)

CCHIM is a 12 week program delivered by a multidisciplinary team. It is designed to provide motivational goal setting for health behavior change throughout the program and at 6 and 12 month follow-up. The Hearts in Motion program includes patient assessment, risk factor management, weekly supervised exercise, nutrition planning and education.

Referral Criteria

Physicians can refer patients using the referral form (on reverse). To be enrolled in the program patients must have one of the following criteria (beyond family history):

- Established coronary artery disease, peripheral vascular disease or cerebral vascular disease
- **or** diabetes and one other major vascular risk factor
- **or** high risk with 3 or more major risk factors (dyslipidemia, smoking, hypertension, and/or pre-diabetes)
- **or** renal vascular disease due to atherosclerosis with 2 or more risk factors
- **or** high risk according to Framingham Global Risk Score
- **or** moderate risk according to Framingham with hsCRP > 2.0 (without active or chronic inflammatory disease and rule out all active and recent inflammatory conditions within 2 weeks)
- **or** atrial fibrillation with at least one of the following: diabetes/pre-diabetes, hypertension, smoking or dyslipidemia.

Exclusion Criteria

- Difficult to control angina, heart failure or heart disease symptoms that may require more advanced monitoring
- Current serious infection
- Functional capacity < 5 METS (unless due to physical limitations vs ischemia or if post-MI stress test protocol)
- EF < 30% (Patients with an EF between 30-40% will have individual assessment by program cardiologist)
- Presence of angina or other significant symptoms at low levels of exertion (< 5 METS) or in recovery (where exercise stress testing is done)
- Presence of complex dysrhythmias at rest, during exercise testing, or in recovery
- Presence of abnormal hemodynamics with exercise testing
- History of cardiac arrest (unless primary intervention without residual disease and EF ≥ 40%)
- Uncontrolled seizure disorder
- Pregnancy
- Serious social, mental or medical conditions that would interfere with patient's ability to participate in the program properly
- Physical disability preventing safe participation in the exercise program