

**CARDIAC REHABILITATION - BRIDGE PROGRAM
PHYSICIANS REFERRAL FORM**

MIM# pilot

The Bridge Program is offered for those individuals who do not require cardiac rehabilitation, but who will benefit from professional guidance in learning to exercise safely.

- The participant's health history, goals, and preferences are incorporated into an individualized exercise prescription.
- Exercise sessions are supervised by nurses and exercise physiologists.
- A physician is on site and available at all times.

A Physician referral is required for participation in the Bridge Program. In addition, we require a functional assessment for all Bridge participants. The assessment will be performed as part of our initial evaluation.

PATIENT NAME: _____ PHONE # : _____

MEDICAL RECORD NUMBER: _____ DOB: _____

REFERRING DIAGNOSIS (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Transplant/Type: _____ |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Arrhythmia/Type: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pacemaker placement/Type: _____ |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Cancer/Type: _____ |
| <input type="checkbox"/> Other: | |

Referring Physician (please print): _____

Referring Physician signature/date: _____

Name of Practice: _____

Phone number: _____

*Please mail or fax this form to:
UNC Wellness Center, Attn: Cardiac Rehab, 100 Sprunt St. Chapel Hill, NC 27517
Phone: 843-2158; FAX: 843-2191*