



Idaho Falls Community Hospital Cardiopulmonary Rehab

Telephone: 208-528-1669 Fax: 208-528-1931

Patient Information

Patient name: _____ DOB: _____

Patient Cellphone Number: _____

Diagnosis Including ICD10 Code: _____

The Rehab Program will be offered 2-3 days per week for 12 weeks (or 36 sessions). Participants can expect to be in the clinic about 1 hour per session. The sessions consist of exercise, education and individual counseling where appropriate. Cardiac patients also meet with our dietitian. The patient is more likely to participate if the importance of exercise is discussed prior to the referral being sent. We also have a list of covered ICD10 codes and diagnoses for Cardiopulmonary Rehab listed on our website.

☐ Cardiac Rehabilitation- Monitored Exercise with the use of continuous telemetry and SpO2

☐ Pulmonary Rehabilitation- Monitored exercise with continuous SpO2 and HR.

By completing this referral I agree to the the ordering physician for the following blood work to be drawn pre and post Cardiac Rehab: HbA1C and fasting Lipid Profiel. If ordering Pulmonary Rehab, I agree to be the ordering physician for a complete pulmonary function test if one has not been performed.

Referring Provider: _____

Office Phone: _____ Fax: _____

Signature _____ Date: _____