Golden Valley Memorial HEALTHCARE

Clinton
1600 N Second St.
Clinton Mo 64735
660.890.7192

Warsaw
1771 Commercial
Warsaw Mo 65355
660.428.1146

Osceola
675 Third St.
Osceola Mo 64776
417.646.2231

Centralized Scheduling Fax 660.890.7336 Phone 660.890.7300

Cardiac/Pulmonary Rehabilitation Order

Patient Name:	Age – DOB:
Patient Phone Number:	
Ordering Physician:	Date:

***Please check clinic location of the appointment**

☐ **CLINTON** ☐**WARSAW** ☐**OSCEOLA**

Diagnosis: _____

ICD: _____

Special Instruction - Precautions: _____

Frequency of Treatment: _____

☐ Cardiac Rehabilitation	☐ Pulmonary Rehabilitation
Qualifier	**Qualifier**
☐ MI, no intervention (within one year)	☐ Post COVID-19, persistent symptoms beyond 4 weeks. Onset date:_____
	☐ Respiratory Services – Non-COPD Diagnosis
☐ MI with PCI (lifetime)	☐ COPD, Moderate to very severe as defined by the Gold Classification
☐ PCI (lifetime)	
	☐Moderate ☐Severe ☐Very Severe
☐ Angioplasty	
☐ Stable angina	
☐ CHF (35% EF or less and out of hospital for 6 weeks)	
☐ Valve repair or valve replacement	
☐ CABG	
☐ Heart transplant or heart-lung transplant	
☐ Symptomatic PAD (specify location)	
☐Right leg ☐Left leg ☐Bilateral legs ☐Other extremity	

COPD Stage	Severity	Postbronchidilator FEV1/FVC	FEV1 % Pred
0	At risk #	> 0.7	≥ 80%
I	Mild COPD	< 0.7	≥ 80%
II	Moderate COPD	≤ 0.7	50% - 79%
III	Severe COPD	≤ 0.7	30% - 49%
IV	Very Severe COPD	≤ 0.7	< 30%

I have clinically examined and reviewed the medical history of this patient and determined that there is sufficient evidence of medical necessity for their participation. Please assess this patient for admittance in the Cardiac or Pulmonary Rehabilitation Program.

_____ _____ _____

Physician Signature **Date** **Time**

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