

RECOMMENDED CARDIAC REHABILITATION DATA FORM

Male Female Date of Birth / /

Ask the patient to which ethnic group they identify

<input type="checkbox"/> Māori	<input type="checkbox"/> Niuean	<input type="checkbox"/> Indian
<input type="checkbox"/> NZ European	<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Chinese
<input type="checkbox"/> Tongan	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other

Admitting medical condition

<input type="checkbox"/> Myocardial infarction	<input type="checkbox"/> Unstable angina	<input type="checkbox"/> Heart failure
<input type="checkbox"/> Coronary artery bypass grafting	<input type="checkbox"/> Percutaneous transluminal coronary angioplasty (with or without stent)	<input type="checkbox"/> Arrhythmia and CABG ± valve

Source of referral to the programme

<input type="checkbox"/> Medical team	<input type="checkbox"/> Cardiac rehabilitation nurse	<input type="checkbox"/> Ward nurse
<input type="checkbox"/> Practice nurse	<input type="checkbox"/> Other hospital	<input type="checkbox"/> General practitioner
<input type="checkbox"/> Patient	<input type="checkbox"/> Other health professional (eg physiotherapist)	

Referral and utilisation

Has the patient been referred to Phase II?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, did the patient receive a written referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the patient previously attended Phase II?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the patient attend Phase II?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

How many sessions did the patient attend? _____