(Affix patient identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☒ M ☐ F ☐ I

HEART online
Heart Education Assessment Rehabilitation Toolkit

[Insert facility and name of service]

Exercise assessment form

Referring Doctor: _____ Date of attendance: _____

GP: _____

Cardiac history

Current reason for admission/ referral:

Cardiac/ heart failure history:

Current symptoms:

☐ orthopnoea ☐ PND ☐ SOB ☐ palpitations ☐ dizziness ☐ angina ☐ oedema ☐ incontinence

☐ other _____

Comment:

Previous cardiac history:

- ☐ HF _____
- ☐ IHD/ angina _____
- ☐ STEMI ☐ NSTEMI _____
- ☐ PCI _____
- ☐ CABG _____
- ☐ Valve disease _____
- ☐ Valve surgery _____
- ☐ AF / other _____
- ☐ HT _____
- ☐ ICD/ PPM/ BiV _____
- ☐ Device setting _____
- ☐ Other _____

Other medical history

Smoking history

☐ Current smoker ☐ Ex smoker ☐ Never smoked Comment

Home oxygen and sleep history

- ☐ Uses home oxygen _____
- ☐ History or symptoms of sleep disordered breathing _____
- ☐ Referred for sleep study _____
- ☐ Previous sleep study _____ AHI _____ Lowest SpO2 _____
- ☐ Uses CPAP Recommendations _____

Heart Foundation

Exercise assessment form continued...

Investigations

ECG				
Angiogram				
Echo				
RFTs	FEV1 FEV1/FVC		FVC	
CXR				
Other				
HbA1C	Cholesterol: Total	Trig	HDL	LDL

Medications

Vaccination status: ☐ Influenza vaccine ☐ Pneumococcal vaccine

Social

Home situation, work and ADL supports

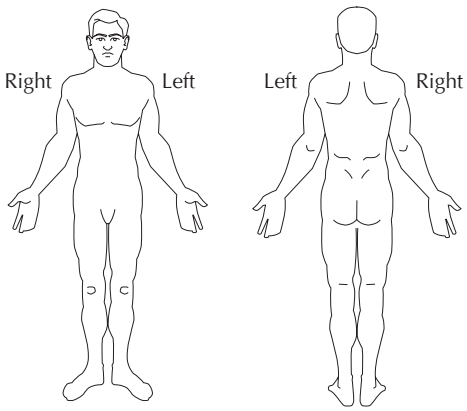
Mobility and current physical activity patterns (barriers/ limitations)

Patient goals

Summary of risk factors

☐ Smoking ☐ Diabetes ☐ Hypercholesterolaemia ☐ Hypertension
☐ Obesity ☐ Family history ☐ Physical inactivity ☐ Depression

Musculoskeletal limitations



Sternal stability

☐ 0 Normal
☐ 1 Slight ↑ movement
☐ 2 Mod ↑ movement
☐ 3 Marked instability
☐ 4 Complete instability

Heart Foundation

Exercise assessment form continued...

Objective Assessment (insert relevant test as required e.g. quality of life, grip strength)

Outcome	Assessment Date:		Discharge Date:		6 month Review Date:	
BMI (wt/ht²) Height:	Weight:	BMI:	Weight:	BMI:	Weight:	BMI:
Waist:Hip M≤0.9 F ≤0.8 Waist at umbilicus Hips at gluteal fold	Waist: cm Hips: cm	W:H	Waist: cm Hips: cm	W:H	Waist: cm Hips: cm	W:H

6MWT summary

6MWT	Initial Assessment Date:	Discharge Assessment Date:	6 month Review Date:
Resting HR			
Resting BP			
Resting SpO2			
Resting Borg (RPE)			
Distance walked			
No. rests			
Max exercise Borg			
Max HR			
Post exercise BP			
Lowest SpO2			
Recovery time			

Comments/ recommendations