(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

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 ______

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

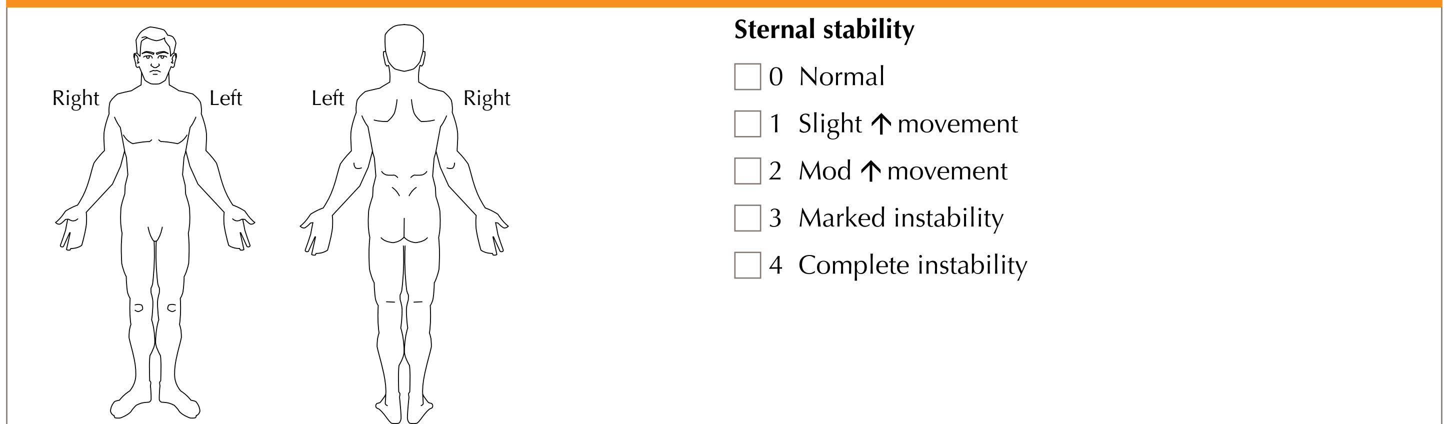
Mobility and current physical activity patterns (barriers/ limitations)

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

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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