

Cardiac Rehab & Bridge to Wellness

Cardiac Rehab

Cardiac rehabilitation is a comprehensive program for persons with known heart disease such as heart attacks or stable angina, or who have undergone open heart surgery. The program is physician supervised, implemented by the rehabilitation team consisting of nurses, exercise physiologists, behavioral counselors, dietitians and vocational rehab counselors. The risk factor modification program combines exercise, education, counseling and behavioral intervention. It is designed for each participant to control cardiac symptoms, stabilize or reverse the disease process, and enhance quality of life.

Bridge to Wellness

A program for prevention and progression, the FirstHealth Bridge to Wellness provides participants with education and resources that allow them to understand the principles and importance of managing their fitness program based on individual fitness levels. Participants' health history, goals and preferences are incorporated in an individualized exercise prescription.

The program's interactive atmosphere exposes participants to safe and effective techniques for improving current levels of fitness through ongoing education, heart rate training, blood pressure monitoring and a variety of exercise activities. Participants will benefit from the guidance of our professional cardiac staff and learn the skills for healthy living in a supportive, encouraging and private atmosphere. Exercise sessions are supervised by nurses and exercise physiologists, and health education is tailored to participants' needs.

Heart Failure Bridge to Wellness

A program for patients diagnosed with heart failure that do not meet criteria for cardiac rehabilitation. The primary goal of this program is to provide a safe, supportive and structured environment to promote positive health changes through supervised exercise training and heart failure education.

The program is designed to provide an individualized and progressive plan of exercise tailored to meet the participant's specific needs, identify signs and symptoms of heart failure, and learn how to self-manage their heart failure long-term, thereby, decreasing hospital readmissions and improving the participant's quality of life.

FirstHealth
FITNESS

Main Phone Number: **(910) 715-1886**
Address: 170 Memorial Drive
Pinehurst, NC 28374

FirstHealth
FITNESS

Main Phone Number: **(919) 708-7902**
Address: 2925 Beechtree Drive
Sanford, NC 27330

FirstHealth
FITNESS

Main Phone Number: **(910) 417-4053**
Address: 120 Richmond Memorial Drive
Rockingham, NC 28379

FirstHealth
FITNESS

Main Phone Number: **(910) 571-5223**
Address: 524 Wood Street
Troy, NC 27371

Cardiac Rehab & Bridge to Wellness



7230.03.15435.08 Sunset Date: 6/2025

Cardiac Rehab Referral Form
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Place Patient Label
Inside This Box

FirstHealth Cardiac Rehab Referral Form

PINEHURST
Phone# 910-715-1886
Fax# 910-715- 5265

RICHMOND
Phone# 910-417-4053
Fax# 910-410-0375

Sanford
Phone# 919-708-7902 ext 1
Fax# 919-774-0990

Troy
Phone# 910- 571-5223
Fax# 910-571-5450

Name: _____ Sex: ____ Age: _____ Date of Birth: _____

Mailing Address: _____

Day Phone: _____ Evening Phone: _____ Date of Referral: _____

Physician's Name: _____ Physician's Phone: _____

Program Description:

Comprehensive disease management program including nutritional counseling, heart education, group support, and physician monitored on-site exercise sessions. The program is staffed by physicians, RNs, RDs, exercise physiologist, behavioral counselors and vocational rehab counselors.

Please check one:

- Physician Monitored Cardiac Rehab (Supervised by Cardiac Rehab physician and rehab team)**
- Cardiac Bridge to Wellness Program (Supervised by rehab team only)**
- Heart Failure Bridge to Wellness Program (Supervised by rehab team only)**

**Please include copies of discharge summaries, recent stress test and lipid/HbgA1C to support cardiac diagnosis and assist in developing an effective plan of care.*

Please check any of the following conditions, which are pertinent to this participant. Also include the date of diagnosis in the space provided when applicable.

PROCEDURE/DIAGNOSIS:

A. CARDIAC SURGERY:

- CABG _____
- Valve Surgery _____
- Heart Transplantation _____

B. Angioplasty /Stent _____

D. Myocardial Infarction _____

F. Stable Angina _____

H. Congestive Heart Failure _____

J. Peripheral Artery Disease _____

C. Hypertension _____

E. Coronary Heart Disease _____

G. Diabetes: _____

I. Other: _____

EXERCISE PRESCRIPTION

- A copy of recent GXT (Graded Exercise Test) will be faxed to the Cardiac Rehab office
- A GXT needs to be scheduled prior to the participation. Date scheduled: _____
- May begin low level program: GXT will be scheduled. Date: _____
- Exercise/Heart limitations: _____

I certify the above cardiac rehab treatment is medically necessary and is medically approved by for the treatment of this patient. If patient meets criteria for Medical Nutritional Therapy, I certify that this service is needed for the patient's care.

Signature of Physician

Date/Time