

Outpatient Cardiac Rehabilitation

If you have a heart condition, your doctor may refer you to a cardiac rehabilitation program. This is a place where you can exercise under supervision and learn how to manage your activity as you continue with your recovery. Research has shown that these programs can help people with heart disease feel their best, both physically and emotionally. The list below contains information on programs that may be convenient for you. Programs in **bold** are part of the Beth Israel Lahey Health system and affiliates. If you have an LVAD, please call to ask if the program can accommodate you.

| BOSTON & CAMBRIDGE | |
|--|---------------------|
| Mount Auburn Hospital-Cambridge | 617-499-5024 |
| Boston Medical Center-Boston | 617-638-8720 |
| Faulkner Hospital-Boston | 617-983-7105 |
| Massachusetts General Hospital-Boston | 617-726-1843 |
| St Elizabeth's Medical Center-Brighton | 617-789-7901 |
| GREATER BOSTON REGION | |
| Winchester Hospital, Family Medical Center-Wilmington | 978-988-6131 |
| Brockton Hospital-Brockton | 508-941-7558 |
| Melrose Wakefield Hospital-Melrose | 781-979-3171 |
| MetroWest Medical Center-Framingham | 508-383-1679 |
| Newton-Wellesley Hospital-Newton | 617-831-7100 |
| NORTHEAST REGION | |
| Anna Jacques Hospital-Newburyport | 978-463-1388 |
| Beverly Hospital, Lahey Outpatient Center-Danvers | 978-304-8444 |
| Emerson Hospital-Concord | 978-287-3732 |
| Lowell General Hospital-Lowell | 978-934-8238 |
| Mass General Brigham Salem Hospital-Salem | 978-354-2994 |
| SOUTHEAST REGION | |
| Beth Israel Deaconess Hospital-Plymouth | 508-830-2182 |
| Signature Healthcare Brockton Hospital-Brockton | 508-941-7558 |
| Brigham and Women's-Foxborough | 508-718-4661 |
| Southcoast Cardiac Rehab Fall River; Tobey Hospital-Wareham; St. Luke's Hospital-New Bedford | 508-973-5435 |
| South Shore Hospital-South Weymouth | 781-624-8824 |
| Sturdy Memorial Hospital-Attleboro | 508-236-7390 |
| WEST REGION | |
| Baystate Franklin Medical Center-Greenfield | 413-773-0211 |
| Baystate Medical Center-Springfield | 413-794-7024 |
| Baystate Medical Center-Westfield | 413-571-0829 |
| Berkshire Medical Center-North Adams | 413-664-5625 |
| Berkshire Medical Center-Pittsfield | 413-447-3093 |
| Cooley Dickinson Hospital-Northampton | 413-582-2404 |
| Fairview Hospital-Great Barrington | 413-854-9736 |
| Holyoke Hospital-Holyoke | 413-534-2555 |
| St Vincent Hospital-Worcester | 508-363-5177 |
| CENTRAL REGION | |
| Harrington Hospital-Southbridge | 508-765-2295 |
| UMass Memorial Marlborough Hospital-Marlborough | 508-486-5465 |
| CAPE COD | |
| Cape Cod Hospital-Hyannis | 508-957-7300 |
| Falmouth Hospital-Falmouth | 508-495-7676 |
| Martha's Vineyard Hospital-Oak Bluffs | 508-957-9524 |

Consult with your cardiologist to obtain a referral.
Insurance coverage varies.

For the latest information on programs in your area visit the Massachusetts Association of Cardiovascular and Pulmonary Rehabilitation at www.macvpr.org, or call the American Heart Association at 800-242-8721.

The CardioVascular Institute

LC2759 Updated 1/25

Prescription for Referral to Outpatient Cardiac Rehabilitation

Bring this referral form to your provider (doctor or nurse practitioner) to complete. Take it to your cardiac rehabilitation program.

1. Please provide demographic information about the patient in the space above—print legibly, or attach a patient identification label.
2. Referral to outpatient cardiac rehabilitation is indicated within 12 months of any of the events or diagnoses listed below. Please check **ALL** that apply to this patient.

| EVENT OR DIAGNOSIS | DATE |
|---|--------------------|
| <input type="checkbox"/> Chronic stable angina/coronary artery disease | ____ / ____ / ____ |
| <input type="checkbox"/> Unstable angina/coronary artery disease | ____ / ____ / ____ |
| <input type="checkbox"/> Acute myocardial infarction (MI:NSTEMI, STEMI) (Within preceding 12 months) | ____ / ____ / ____ |
| <input type="checkbox"/> Coronary angioplasty/stent (PCI) | ____ / ____ / ____ |
| <input type="checkbox"/> Coronary artery bypass surgery (CABG) | ____ / ____ / ____ |
| <input type="checkbox"/> Heart valve repair or replacement surgery | ____ / ____ / ____ |
| <input type="checkbox"/> Other major surgery of heart or great vessels | ____ / ____ / ____ |
| <input type="checkbox"/> Heart transplantation, or heart+lung transplantation | ____ / ____ / ____ |
| <input type="checkbox"/> Congestive heart failure (CHF) (LVEF of 35% or less and NYHA Class II to IV, despite being on optimal heart failure therapy for > 6 weeks) | ____ / ____ / ____ |
| <input type="checkbox"/> Placement of a ventricular assist device (VAD) | ____ / ____ / ____ |
| <input type="checkbox"/> Cardiac arrest/survival from sudden cardiac death | ____ / ____ / ____ |
| <input type="checkbox"/> Sustained ventricular tachycardia or ventricular fibrillation | ____ / ____ / ____ |

Patient's primary outpatient cardiologist: Name _____

Telephone Number (_____) _____ - _____

Printed name and credentials of prescribing provider

Signature

_____/_____/_____
Date

_____:_____
Time

If available, please provide copies of the most recent documents to the patient to facilitate communication with the cardiac rehabilitation program:

- Cardiac Catheterization/PCI Report
- Cardiac Medication List
- Cardiologist Visit Notes
- Operative Report
- Echocardiogram Report
- Stress Testing Report (highly recommended)
- ECG Tracings and Interpretation
- Hospital Discharge Summary
- Lab Results (including lipid profile)