

# 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.

BOSTON & CAMBRIDGE		CENTRAL REGION	
<b>Mount Auburn Hospital–Cambridge</b>	<b>617-497-2400</b> • ♥ ♦	Harrington Hospital–Southbridge	508-765-2295 ♥ ♦
Boston Medical Center–Boston	617-638-8720 ♥ ♦	Heywood Hospital–Gardner	978-630-6261 ♥ ♦
Faulkner Hospital–Boston	617-983-7105 ♥ ♦	Milford Regional Medical Center–Milford	508-422-2464 ♥ ♦
Massachusetts General Hospital–Boston	617-726-1843 ♥ ♦	UMass Memorial Marlborough Hospital–Marlborough	508-486-5465 ♥ ♦
GREATER BOSTON REGION		UMass Memorial Medical Center–Worcester	508-856-1808 ♥
<b>Winchester Hospital, Family Medical Center–Wilmington</b>	978-988-6131 • ♥ ♦	SOUTHEAST REGION	
Melrose-Wakefield Hospital–Melrose	781-979-3171 ♥ ♦	<b>Beth Israel Deaconess Hospital–Milton</b>	<b>617-313-1410</b> • ♥
MetroWest Medical Center–Framingham	508-383-1679 ♥	<b>Beth Israel Deaconess Hospital–Plymouth</b>	<b>508-830-2650</b> • ♥
Newton-Wellesley Hospital–Newton	617-831-7100 ♥	<b>Signature Healthcare Brockton Hospital–Brockton</b>	508-941-7558 • ♥ ♦
NORTHEAST REGION		Brigham and Women’s–Foxborough	508-718-4661 ♥ ♦
<b>Anna Jaques Hospital–Newburyport</b>	<b>978-463-1388</b> • ♥ ♦	Norwood Hospital–Norwood	781-769-4000 ♥ ♦
<b>Beverly Hospital, Lahey Outpatient Center–Danvers</b>	<b>978-304-8444</b> • ♥	Southcoast Cardiac Rehab Fall River; Tobey Hospital–Wareham; St. Luke’s Hospital–New Bedford	508-973-5435 ♥ ♦
<b>Lawrence General Hospital–Lawrence</b>	978-946-8399 • ♥ ♦	South Shore Hospital–South Weymouth	781-624-8824 ♥ ♦
Emerson Hospital–Concord	978-287-3732 ♥ ♦	Sturdy Memorial Hospital–Attleboro	508-236-7390 ♥ ♦
Holy Family Hospital–Methuen	978-687-0151 x 2385 ♥	CAPE COD	
Lowell General Hospital–Lowell	978-934-8238 ♥ ♦	Cape Cod Hospital–Hyannis	508-957-7300 ♥ ♦
Nashoba Valley Medical Center–Ayer	978-784-9543 ♥ ♦	Falmouth Hospital–Falmouth	508-495-7676 ♥
North Shore Medical Center Union Hospital–Lynn	781-477-3300 ♥	Martha’s Vineyard Hospital–Oak Bluffs	508-957-9524 ♥
UMass Memorial-Burbank Campus–Clinton	978-230-70001 ♥		
UMass Memorial HealthAlliance Hospital–Leominster	978-466-2431 ♥		
WEST REGION			
Baystate Franklin Medical Center–Greenfield	413-773-0211 ♥		
Baystate Medical Center–Springfield	413-794-7024 ♥ ♦		
Berkshire Medical Center–Pittsfield	413-447-3093 ♥ ♦		
Cooley Dickinson Hospital–Northampton	413-582-2404 ♥ ♦		
Fairview Hospital–Fairview	413-854-9736 ♥ ♦		
Holyoke Hospital–Holyoke	413-534-2555 ♥		

- These programs are part of the Beth Israel Lahey Health system and affiliates.
- ♥ Accepts patients with heart failure
- ♦ Accepts patients with a LVAD

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](http://www.macvpr.org), or call the American Heart Association at 800-242-8721.

Patient's name \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 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.**

### Instructions for referring provider:

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) <i>(Within preceding 12 months)</i>	____ / ____ / ____
<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) <i>(LVEF of 35% or less and NYHA Class II to IV, despite being on optimal heart failure therapy for &gt; 6 weeks)</i>	____ / ____ / ____
<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 referring provider*

\_\_\_\_\_  
*Referring provider's 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
- Echocardiogram Report
- Hospital Discharge Summary
- Medication List
- Stress Testing Report (highly recommended)
- Lab Results (including lipid profile)
- Cardiologist Visit Notes
- ECG Tracings and Interpretation
- Operative Report