

**Date:** [Date]

**To:** [Receiving Clinician/Facility Name]

**Department:** [Cardiovascular Rehabilitation Unit]

**Address:** [Facility Address]

**RE: Transfer of Care - Cardiovascular Rehabilitation**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Hospital ID:** [ID Number]

**Date of Event:** [Date of MI]

Dear [Clinician Name],

This letter serves to formally transfer the care of the above-named patient to your cardiovascular rehabilitation program following an acute myocardial infarction.

**Clinical Summary:**

The patient presented with [STEMI/NSTEMI] involving the [Location, e.g., Anterior wall]. Treatment included [Primary PCI/Thrombolysis/CABG] on [Date]. The culprit vessel was identified as the [Artery Name] and was treated with [Type of Stent/Intervention].

**Cardiac Status:**

- Post-procedure LVEF: [%]
- Residual Stenosis: [Details]
- Arrhythmias: [None/Details]
- Complications: [Details]

**Current Medications:**

- Antiplatelets: [Name and Dosage]
- Beta-blocker: [Name and Dosage]
- ACE Inhibitor/ARB: [Name and Dosage]
- Statin: [Name and Dosage]
- Other: [Details]

**Physical Activity Status:**

The patient has been mobilized in the ward and is currently [NYHA Class]. They have been cleared for Phase II cardiac rehabilitation. Heart rate and blood pressure responses to mild exertion have been [Stable/Unstable].

**Specific Recommendations:**

[Insert specific exercise precautions or targets here]

Please find the enclosed discharge summary and recent ECG for your records. Should you require further information, please contact my office at [Phone Number].

Sincerely,

[Your Name]

[Title/Position]

[Department/Hospital Name]