

Date: [Insert Date]

To: [Receiving Clinician/Rehabilitation Center Name]

Department: [Insert Department]

Facility: [Insert Facility Name]

RE: Transfer of Care for Cardiovascular Rehabilitation

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Hospital/NHS Number: [Insert ID Number]

Dear [Clinician Name],

The above-named patient is being referred to your service for outpatient Cardiovascular Rehabilitation following a diagnosis of **Stable Angina**.

Clinical Summary:

The patient has a confirmed diagnosis of stable angina pectoris. Symptoms are currently managed via pharmacological intervention. [Optional: Mention recent stress test results or coronary angiography findings].

Current Medications:

- Anti-platelet: [Insert Name/Dose]
- Statin: [Insert Name/Dose]
- Beta-Blocker/Calcium Channel Blocker: [Insert Name/Dose]
- PRN Glyceryl Trinitrate (GTN) Spray: [Insert Name/Dose]
- [Other Medications]

Cardiovascular Risk Factors:

- Blood Pressure: [Insert Reading]
- Body Mass Index (BMI): [Insert BMI]
- Smoking Status: [Insert Status]
- Comorbidities: [e.g., Diabetes, Hypertension]

Functional Status & Limitations:

The patient's current exercise tolerance is [Insert Level/NYHA Class]. There are no known contraindications to supervised exercise at this time. The primary goals for this referral are symptom management, risk factor modification, and improvement of physical capacity.

Plan:

Please enroll the patient in the next available cardiovascular rehabilitation cohort. We will continue to manage the primary cardiac care; however, please provide a summary report upon completion of the program.

Sincerely,

[Your Name]

[Your Title/Designation]

[Your Department]

[Contact Information]