

**Date:** [Date]

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

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

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

Dear [Receiving Provider/Facility Name],

This letter serves to formally transfer the cardiovascular rehabilitation care of the above-named patient from [Current Facility Name] to your program, effective [Date].

**Clinical Diagnosis and Primary Event:**

[Insert Diagnosis, e.g., STEMI, CABG, LVAD Implantation, or Grade IV Heart Failure] on [Date of Event].

**Risk Stratification:**

This patient is categorized as **High Risk** due to the following factors:

- [Factor 1: e.g., Left Ventricular Ejection Fraction (LVEF) < 35%]
- [Factor 2: e.g., Complex ventricular arrhythmias]
- [Factor 3: e.g., Hemodynamic instability during exercise]

**Current Status and Progress:**

The patient has completed [Number] sessions of Phase II Cardiac Rehabilitation. Current functional capacity is estimated at [METs] METs. [Note any recent chest pain, dyspnea, or syncope].

**Current Medication Profile:**

[List medications or attach reconciled medication list]

**Exercise Prescription and Limitations:**

- Target Heart Rate Range: [Min] to [Max] BPM
- Target RPE: [Number Range]
- Precautions: [e.g., Sternal precautions, ICD settings, or Nitroglycerin protocol]

**Recommended Follow-up:**

The patient requires continued telemetry-monitored exercise and aggressive risk factor modification. Please contact our office at [Phone Number] if there are any questions regarding the transition of this high-risk patient.

Sincerely,

[Signature]

[Name of Referring Physician/Coordinator]

[Credentials]

[Facility Name]