



Date:

Re:

Dear Dr.

DOB:

Your patient presented with the following vital signs:

Based on this presentation, we are requesting parameters of the following vital signs while this patient is participating in physical therapy at the UDPT Clinic. Be assured that we will continue to monitor your patient throughout the exercises and report any readings outside the parameters that you set forth.

Please choose one of the options below as to how you would like us to proceed:

[ ] Patient cleared for participation as outlined below:

BP: > \_\_\_\_/\_\_\_\_ STOP ALL EXERCISE

BP: > \_\_\_\_/\_\_\_\_ Refer to physician

HR: \_\_\_\_\_

Note: If you leave this blank, we will stop treatment if the following occur:

- HR becomes irregular -maximal HR obtained
-HR ≤ 40 bpm -HR decreases with increased workload

RR: \_\_\_\_\_

Note: If you leave this blank, we will stop treatment if the following occur:

- Breathing increases too rapidly with respect to the exercise
-Breathing becomes irregular
-Patient's breathing pattern changes significantly:

O2 Saturation: \_\_\_\_\_

Note: If you leave this blank, we will adhere to the following: STOP if O2 < 90%.

OR

[ ] Please send the patient back to me prior to clearance. If appropriate for continuation I will send a prescription for continued physical therapy intervention.

Physician Signature

Date

Thank you for your time in completing this form which will allow your patient to safely continue participation in physical therapy. Please fax back to the clinic as soon as possible. Respectfully,

Physical Therapist

Date