

CVH-448
New 3/97

**CONNECTICUT VALLEY HOSPITAL
PHYSICAL THERAPY DEPARTMENT
CARDIO RESPIRATORY CONDITIONING EVALUATION**

[] General Psychiatry Division
[] Whiting Forensic Division
[] Addiction Services Division

Name _____

MPI# _____ *Print or Addressograph*

Ward/Unit _____ Date of Admission _____ Date of Birth _____ Age _____

Treating Diagnosis _____

Medications _____

History _____

_____ Height _____ Weight _____ BMI _____ Lab Results _____

	Blood Pressure	Pulse	Respirations	% Oxygen	
Resting Vital Signs:					
Seated					
Standing					
Stair Climbing Test:					
1 Flight of Stairs					
2 Flights of Stairs					
5 Flights of Stairs					
Flights of Stairs					
After a 2 minute rest period					
Endurance Test:					
Equipment	Time	Settings	Blood Pressure	Pulse	Respirations
Rower					
Stationary Bicycle					
Elliptical Machine					
Upper Extremity Ergometer					
Treadmill					
Stepper					
Post Exercise					

Respiratory Muscles/Diaphragm Ratio/Endurance: _____

Assessment/Other Factors: _____

Goals: 1. _____

2. _____

3. _____

4. _____

Restrictions/Recommendations: _____

Treatment: Target Heart Rate _____ Target Weight Range _____

Target Respiratory Rate _____

Duration _____

Frequency _____

Method of Treatment _____

Assessment and Treatment Plan Discussed with Patient? [☐] Yes [☐] No

If No, Reason

Physical Therapist Signature/ Printed Name & Title

Date