Basic application form

for recognition as a new cardiovascular rehabilitation programme

**Name of the institution:**

**Address:**

**ambulatory**  **stationary**

**Medical director:**

Volume of work:       %

Internist Yes  No

Cardiologist Yes  No

Training in cardiac rehabilitation Yes  No

If yes, please specify:

**Deputy:**

Volume of work:       %

Internist Yes  No

Vardiologist Yes  No

Training in cardiac rehabilitation: Yes  No

If yes, please specify:

**How many patients do you expect to treat in your institution per year?**

**- in the first 2 years:**

**- at medium/ long-term:**

**Programme duration/content:** **weeks**

**number of sessions/ week**

**Staff (number)**

Medical doctor:

Nurse:

Physiotherapist/exercise specialist:

Dietician:

Psychologist:

Secretary:

Others:

**Infrastructure:**

Gymnastic room Yes  No

Swimming pool Yes  No

Weight training room Yes  No

Education room Yes  No

**Medical facilities:**

ECG Yes  No

Bicycle ergometre Yes  No

Treadmill Yes  No

Echocardiography Yes  No

Stress-Echo Yes  No

Cardiopulmonary exercise testing Yes  No

Pacemaker control Yes  No

Holter ECG Yes  No

24h-blood pressure measurement Yes  No

**Emergency equipment and concept**

Defibrillator available at all activities? Yes  No

Emergency equipment available? Yes  No

Availability of emergency concept? Yes  No

Repetitive CPR instruction of staff? Yes  No

* How many times per year?
* How is participation documented?

**Home many treatment units (exercise and counselling) are offered (total number of**

**the programme)?**

**Duration of treatment unit?**      Min.

**Number of specific treatment units:**

Bicycle-/Treadmill-Training

Gymnastics

Strength training

Outdoor endurance activities

Relaxation sessions

Water gymnastics

Education sessions (total)

* Medical topics
* Nutrition councelling
* Psychosocial topics
* Smoking cessation

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**Statement of the SCPRS board:**

* Application received (date)
* Check by SCPRS board (date)
* Appraisal of the submission/ critical points:

* Conferral of provisional recognition (date)