

___ recent concussion (e.g. swimming, mountain climbing, etc.)
 thorough examination if history of two concussions; review for discontinuation of contact sport if three concussions, depending on duration of unconsciousness, retrograde amnesia, persistent headaches, and other objective evidence of cerebral damage

Blood ___ anemia (<10 gm/dl) control preferred; exercise as tolerated
 ___ electrolyte disturbances

Medications ___ antianginal ___ antiarrhythmic NOTE: consider underlying condition.
 ___ Antihypertensive ___ anticonvulsant Potential for: exertional syncope, electrolyte
 ___ beta-blockers ___ digitalis preparations imbalance, bradycardia, dysrhythmias,
 ___ diuretics ___ ganglionic blockers impaired coordinations and reaction time,
 ___ others heat intolerance. May alter resting and exercise ECGs and exercise test performance

Other ___ post-exercise syncope moderate program
 ___ heat intolerance prolong cool-down with light activities;
 avoid exercise in extreme heat
 ___ temporary minor illness postpone until recovered
 ___ cancer if potential metastases, test by cycle ergometry, consider non-weight bearing exercises;
 exercise at lower end of perspective range (40-56% of heart rate reserve), depending on condition and recent treatment (radiation, chemotherapy); monitor hemoglobin and lymphocyte counts; add dynamic lifting exercises to strengthen muscles, using machines rather than free weights.

GOALS: Please list below, your goals for the above patient. Please advise me as to the form of progress notes you wish from me (phone, memo, quarterly, monthly, etc.)

Medication List:

Name of Medication: Amount: Dose: Times per Day:
