



## Regional Cardiovascular Rehabilitation Service Referral

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Gender:  Male  Female  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Health Card No.: \_\_\_\_\_

### Referral Indication (Require established vascular disease)

Year	Year	Year
<input type="checkbox"/> Cardiac admission to hospital within 1 year _____	<input type="checkbox"/> Angina _____	<input type="checkbox"/> Peripheral vascular disease _____
<input type="checkbox"/> Heart failure _____	<input type="checkbox"/> Acute Coronary Syndrome _____	<input type="checkbox"/> Non-debilitating stroke or TIA _____
<input type="checkbox"/> Dilated cardiomyopathy _____	<input type="checkbox"/> Myocardial infarction _____	<input type="checkbox"/> Valve repair or replacement _____
<input type="checkbox"/> Heart transplantation _____	<input type="checkbox"/> Angioplasty _____	<input type="checkbox"/> Renovascular disease _____
<input type="checkbox"/> Pacemaker/ICD _____	<input type="checkbox"/> Bypass surgery _____	Diabetes, Age >55, +2 additional risk factors _____

### History of Congestive Heart Failure

NYHA  I  II  III  IV

Ejection fraction \_\_\_\_\_%  ECHO  MUGA  LV Angio  MRI Date \_\_\_\_\_

### Risk Factors

Family history  Hypertension  Obesity (Waist: Male > 102 cm; Female > 88cm)  
 History of smoking  Hyperlipidemia  Microalbuminuria  
 Diabetes

### Patient Consent

I give \_\_\_\_\_ permission to provide the regional cardiovascular rehabilitation program with medical records or information pertaining to my cardiac rehabilitation care.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referral to cardiovascular rehabilitation includes referral for an exercise test for exercise prescription.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Physician printed: \_\_\_\_\_ Registration Number: \_\_\_\_\_

**Please fax completed referral test results and clinical notes to 416-281-7280.**

For any other enquiries, please phone 416-281-7022 or (Toll Free) 1-855-448-5471.

