

**Kingston Health
Sciences Centre**

Centre des sciences de
la santé de Kingston



**CARDIAC REHABILITATION
CENTRE REFERRAL**

Health Card: _____

CR#: _____

Visit: _____

Patient Name: _____

Date of Birth (yyyy/mm/dd): _____

Address: _____

Postal Code: _____

Home Phone: _____

Alternate Number: _____

Name: _____ Street: _____

City: _____ Postal Code: _____

Telephone Number: _____ Date of Birth (yyyy/mm/dd): _____

Alternate Number: _____ Family Physician: _____

Cardiac Specialist: _____ Referring Practitioner Telephone Number: _____

Primary Diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Acute Coronary Syndrome (ACS) |
| <input type="checkbox"/> Percutaneous Coronary Intervention (PCI) | <input type="checkbox"/> Stable Coronary Artery Disease (CAD) |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Atrial Fibrillation/Flutter/Ablation |
| <input type="checkbox"/> Myocardial Infarction (MI) | <input type="checkbox"/> Pacemaker <input type="checkbox"/> Defibrillator |
| <input type="checkbox"/> Peripheral Vascular Disease | <input type="checkbox"/> Transient Ischemic Attack/ Cerebrovascular Disease |
| <input type="checkbox"/> Chronic Kidney Disease | <input type="checkbox"/> Other Cardiovascular Insufficiency _____ |

3 or more cardiovascular risk factors (check all that apply):

- | | | | | |
|----------------------------------|---------------------------------------|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Sedentary | <input type="checkbox"/> Family History | <input type="checkbox"/> Sleep Apnea | |

Cardiac Surgery/Procedure/Event Date (yyyy/mm/dd): _____

Diabetes Status:

- Non-Diabetic New Diabetic
 Diabetic Diet Oral Hypoglycemic Insulin

Baseline Functional Status:

- Limited Active Athletic

Comments: Please indicate if there are any recent cardiac tests or reports

Check to specify the Cardiac Rehab location:

- | | | |
|---|----------------------------|------------------|
| <input type="checkbox"/> Brockville General Hospital, Brockville | Tel 613-345-5649 ext.1414 | Fax 613-345-8348 |
| <input type="checkbox"/> Hotel Dieu Hospital, Kingston | Tel 613-544-3400 ext. 3123 | Fax 613-544-4749 |
| <input type="checkbox"/> Lennox & Addington County General Hospital Napanee | Tel 613-354-3301 ext. 285 | Fax 613-354-6024 |
| <input type="checkbox"/> Prince Edward Ambulatory Cardiac Health Picton | Tel 613-476-2181 ext. 4711 | Fax 613-210-1009 |

*Tel = Telephone

Referring Practitioner Signature Referring Practitioner Printed Name Referral Date (yyyy/mm/dd)

NOTE: Patients who have access to a cardiac rehabilitation program closer to home will automatically be referred to that program unless otherwise directed by the Referring Practitioner