

CARDIAC REHABILITATION PROGRAM REFERRAL

*Please include: medication list, most recent blood work results, complete medical history, and any relevant cardiac testing.

PERSONAL HEALTH INFORMATION

Current Date (yyyy/mm/dd):	Date of Birth (yyyy/mm/dd):		Medica	Medical Record Number (MRN):		
Last Name:				Sex:	Language:	
				Male	English	
First Name:				Female	French	
					Other:	
Home Address			City Postal Code			
			ony			
Phone Number Alternate Numb		nato Numbor	· Email			
	Alter					
Cardiac Specialist			Health Card Number / Version Code:			
PLEASE DESCRIBE THE PATIENT'S CU	RRENT /		NOSIS / REASON	I FOR REFERRA		_
		Date (yyyy/mm/dd)				Date (yyyy/mm/dd)
Coronary Revascularization:		(yyyy/iiii/aa)		nany Disoaso		(yyyy/iiii/aa)
O PCI O CABG			Stable Coronary Disease Angina Class: 00, 01, 02, 03, 04			
O Complete O Incomplete		0		, ,		
Arrhythmia:			Valve Procedure:			
O Atrial fibrillation O Atrial flutter			O Aortic Valve Replacement			
O Other:			O TAVI			
Pacemaker ICD			O MVR/Repair O Mitra-Clip			
☐ Heart Failure: ○ HFrEF ○ HFpEF				☐ Vascular Disease: ○ Aortic Repair ○ PVD		
Treated Acute Coronary Syndrome:			Cardiomyopathy:			
O Unstable Angina O NSTEMI			O Dilated: O Ischemic O Non-ischemic			
O STEMI			O Hypertrophic			
O Spontaneous Coronary Artery Dissection			O Restrictive			
Cerebrovascular Disease:						
O TIA O Stroke			Other:			
Pulmonary Hypertension			-			
SPECIFIC ISSUES OF CONCERN WITH THIS PATIENT						
Referring Physician/NP: Signature:			Date (yyyy	Date (yyyy/mm/dd): Phone Number:		er:
CHECK TO SPECIFY THE CARDIAC REHAB LOCATION:						
Hotel Dieu Hospital/Providence Care Hospital, Kingston			Tel: 613-544-4900 ext. 2340 Fax: 613-546-7138			
Brockville General Hospital, Brockville			Tel: 613-345-5649 ext. 1414 Fax: 613-345-8348			
Lennox & Addington County General Hospital, Napanee		apanee Tel: 6	Tel: 613-354-3301 ext. 285 Fax: 613-354-6024			

Tel: 613-476-2182 ext. 4711

Prince Edward Ambulatory Cardiac Health, Picton

Fax: 613-210-1009