



Central East

REGIONAL CARDIOVASCULAR REHAB



Regional Cardiovascular Rehab Referral

Patient Information

Last name: _____ First name: _____ Gender: Male Female

Street address: _____ City: _____ Postal code: _____

Health card number: _____ Date of birth (DD/MM/YY): _____

Phone number: _____ Email: _____

Indication for Referral (Established vascular disease or heart failure)

- | | | |
|--|---|--|
| <input type="checkbox"/> Coronary artery disease | <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Peripheral vascular disease |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Cardiomyopathy | <input type="checkbox"/> Non-debilitating stroke or TIA |
| <input type="checkbox"/> Angioplasty or Bypass surgery | <input type="checkbox"/> Heart transplant | <input type="checkbox"/> Carotid stenosis |
| <input type="checkbox"/> Myocardial infarction | <input type="checkbox"/> Valve surgery | <input type="checkbox"/> Renovascular disease |
| <input type="checkbox"/> Admission acute coronary syndrome | <input type="checkbox"/> Pacemaker/Defibrillator | <input type="checkbox"/> Diabetes > 55yo + 2+ risk factors |

Risk Factors

- | | | | |
|---|-----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Family history | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> History of smoking | <input type="checkbox"/> Obesity | <input type="checkbox"/> Sedentary | |

Referral by

Referred by: _____ Date: _____

Name (print please): _____

Phone number: _____ Fax number: _____ Work email: _____

Referral to cardiovascular rehab includes a fitness assessment

Please send completed referral and clinical notes to cardiacrehabbooking@shn.ca
or fax to 416-281-7280

Please use One Mail Direct or password encryption for email transmission

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

gethearthealthy.ca