ORILLIA SOLDIERS' MEMORIAL HOSPITAL
CARDIAC REHABILITATION PROGRAM

REFERRAL FORM

To refer your patient to the Cardiac Rehabilitation Program, please complete this form and return it to the address below.

Patient: ____ Sex: _______

Address: ____ Postal Code: _______________

Home Phone: ___________________ Work Phone: ___________________ Birthdate (D/M/Y): ____________________

OHIP #: _____________________________________ Physician:____

Cardiovascular History (please check and comment as necessary)

_____ Acute Coronary Syndrome Date(s): ____

_____ STEMI _____ NSTEMI _____ Unstable Angina

_____ Anterior _____ Inferior _____ Lateral _____ Posterior

_____ Complications

_____ CHF _____ Dysrhythmias (specify): ____

_____ Other: ____

_____ CABG Date: ____________________ Results: ____

_____ PTCA Date: ____________________ Results: ____

_____ Coronary Arteriography Date: ____________________ Results: _____________________________________

____

_____ Echocardiography Date: ____________________ Ejection Fraction: __________________________________

_____ MUGA Date: ____________________ Ejection Fraction: ____

_____ Current Angina _____ Dysrhythmias (specify): ____

_____ PVD _____ Stroke _____ Other: ____

_____ Hypertension (BP = ________/________)

Additional Significant Medical Conditions (please check and comment as necessary)

_____ Diabetes _____ Pulmonary Disease (specify): ____

_____ Obesity _____ Musculoskeletal (specify): ____

Lipid Profile Date of Test: ____________________

Total Cholesterol: __________ HDL-C: __________ LDL-C: __________ Triglycerides: __________

Medications (Type & Dosage)

____ ____

____ ____

____ ____

____ ____

____ ____

____ ____

Comments/Special Concerns

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In addition to supervised exercise, the Cardiac Rehabilitation Program may include education/discussion sessions with the following professionals: Physician, Pharmacist, Kinesiologist, Psychologist, and Social Worker.

Physician Signature: ____ Date: ________________________________

Mail or Fax To: Coordinator, Cardiopulmonary Rehabilitation Program
Cardio-Respiratory Department
Orillia Soldiers' Memorial Hospital
170 Colborne Street West
Orillia, Ontario
L3V 2Z3 FAX: (705) 325-3985

Program Contacts: Andrew Ford, Coordinator
Phone (705) 327-9116

Dr. John MacFadyen, Medical Director
Phone (705) 325-1120

OFFICE USE ONLY

Date Received: ____________________ Date Patient Contacted: ____________________

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