

Referral to:

## CARDIAC REHABILITATION & SECONDARY PREVENTION PROGRAM

268 Grosvenor Street, Room B3-689, London, ON N6A 4V2 **Telephone:** 519-667-6704 / **Fax:** 519-667-6532

NAME:					
ADDRESS:					
CITY:		TELEPHONE	TELEPHONE:		
D.O.B.: (YYYY/MM/DD)		Health Card N	Health Card Number:		
REFERRING CLINICIAN:					
☐ Family Physician ☐ Cardiologist ☐ Cardiac Su		Surgeon	☐ Internist	☐ Advanced Practice Nurse	
☐ Other (specify):				Unknown	
POINT OF REFERRAL:					
☐ Emergency ☐ Ca	ardiac Diagnostics/Interventi	on	☐ Inpatient Unit	☐ Physician's Office	
☐ Outpatient Clinic ☐ O	ther (specify):			Unknown	
REFERRAL EVENT:					
Acute Coronary Syndrome:	STEMI	☐ Non-STEMI		Unstable Angina	
Other Cardiac Events:	PCI	☐ AV Surgery		Transplant	
[	CABG	☐ MV Surgery		CHF	
[	☐ Stable Angina	Other (specif	(y):		
Referral Event Date (YYYY/MM/DD):					
PLEASE INDICATE THE CARDIAC REHABILITATION SITE:					
☐ St. Joseph's Health Care London 519-667-6532					
☐ Alexandra Hospital	☐ Bluewate	r Health	☐ Chat	nam-Kent Community	
(Ingersoll) 519-485-9615	(Sarnia)	(Sarnia) 519-337-7536		h Centre (Chatham) 227-4436	
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Leamington General H 519-257-5277	ospital	ce Health Servi		ary's General Hospital ener-Waterloo	
319-231-3211	519-376-2	•		85-1242	
☐ Windsor Regional Hospital 519-257-5277					
REFERRING PHYSICI.	AN	PHYSICIAN SIGNATU	JRE	DATE (YYYY/MM/DD)	