

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:	
D.O.B.: (YYYY/MM/DD)	Health Card Number:	
REFERRING CLINICIAN:		
<input type="checkbox"/> Family Physician <input type="checkbox"/> Cardiologist <input type="checkbox"/> Cardiac Surgeon <input type="checkbox"/> Internist <input type="checkbox"/> Advanced Practice Nurse		
<input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown		
POINT OF REFERRAL:		
<input type="checkbox"/> Emergency <input type="checkbox"/> Cardiac Diagnostics/Intervention <input type="checkbox"/> Inpatient Unit <input type="checkbox"/> Physician's Office		
<input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown		
REFERRAL EVENT:		
Acute Coronary Syndrome: <input type="checkbox"/> STEMI <input type="checkbox"/> Non-STEMI <input type="checkbox"/> Unstable Angina		
Other Cardiac Events: <input type="checkbox"/> PCI <input type="checkbox"/> AV Surgery <input type="checkbox"/> Transplant		
<input type="checkbox"/> CABG <input type="checkbox"/> MV Surgery <input type="checkbox"/> CHF		
<input type="checkbox"/> Stable Angina <input type="checkbox"/> Other (specify): _____		
Referral Event Date (YYYY/MM/DD):		
PLEASE INDICATE THE CARDIAC REHABILITATION SITE:		
<input type="checkbox"/> St. Joseph's Health Care London 519-667-6532		
<input type="checkbox"/> Alexandra Hospital (Ingersoll) 519-485-9615	<input type="checkbox"/> Bluewater Health (Sarnia) 519-337-7536	<input type="checkbox"/> Chatham-Kent Health Alliance (Chatham) 519-436-2554
<input type="checkbox"/> Leamington General Hospital 519-257-5277	<input type="checkbox"/> Grey-Bruce Health Services (Owen Sound) 519-376-2063	<input type="checkbox"/> St. Mary's General Hospital Kitchener-Waterloo 519-885-1242
<input type="checkbox"/> Windsor Regional Hospital 519-257-5277		
<hr/> REFERRING PHYSICIAN		<hr/> PHYSICIAN SIGNATURE
<hr/> DATE (YYYY/MM/DD)		