



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:

☐ Family Physician ☐ Cardiologist ☐ Cardiac Surgeon ☐ Internist ☐ Advanced Practice Nurse

☐ Other (*specify*): ☐ Unknown

POINT OF REFERRAL:

☐ Emergency ☐ Cardiac Diagnostics/Intervention ☐ Inpatient Unit ☐ Physician's Office

☐ Outpatient Clinic ☐ Other (*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 (*specify*):

Referral Event Date (YYYY/MM/DD):

PLEASE INDICATE THE CARDIAC REHABILITATION SITE:

☐ **St. Joseph's Health Care London 519-667-6532**

☐ **Alexandra Hospital**
(Ingersoll)
519-485-9615

☐ **Bluewater Health**
(Sarnia)
519-337-7536

☐ **Chatham-Kent Health Alliance**
(Chatham)
519-436-2554

☐ **Leamington General Hospital**
519-257-5277

☐ **Grey-Bruce Health Services**
(Owen Sound)
519-376-2063

☐ **St. Mary's General Hospital**
Kitchener-Waterloo
519-885-1242

☐ **Windsor Regional Hospital**
519-257-5277

REFERRING PHYSICIAN

PHYSICIAN SIGNATURE

DATE (YYYY/MM/DD)