



Patient Information:

Last Name:

First Name:

Address:

City:

Province:

Postal Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Date of Birth (DD/MM/YR):

PHN:

Medical History:

Reason for Referral:

- | | | |
|---|--|---|
| <input type="radio"/> Smoker | <input type="radio"/> Cholesterol | <input type="radio"/> Coronary Artery Disease |
| <input type="radio"/> Obesity | <input type="radio"/> Hypertension | <input type="radio"/> Cerebral Vascular Disease |
| <input type="radio"/> Diabetes | <input type="radio"/> Inactivity | <input type="radio"/> Peripheral Vascular Disease |
| <input type="radio"/> Post-Menopausal | <input type="radio"/> Psychosocial Factors | <input type="radio"/> Renal Disease |
| <input type="radio"/> Strong Family History | <input type="radio"/> Lung Disease | <input type="radio"/> Other _____ |

In my opinion, this patient should be seen in the following program option;

- Cardiac Rehabilitation** – Exercise and lifestyle counselling along with clinical treatment for patients recovering from Acute Coronary Syndrome, CABG, PTCA, Valve Surgery or history of CAD, PVD, CVD, CHF, Arrhythmia, recent PPM, or ICD.
 please indicate any contraindications to exercise;
 please provide most recent cholesterol.
- Education only** – Lifestyle education and counselling for patients recovering from Acute Coronary Syndrome, CABG, PTCA, Valve surgery or history of CAD, PVD, CVD, CHF, Arrhythmia, recent PPM, or ICD. Provided by a multidisciplinary team.
- Cardiovascular Risk Reduction** – Exercise and Lifestyle counselling along with clinical treatment for patients with severe lipids/other risk factors; lung or renal disease; complication of existing treatment, not reaching target guidelines; or Familial/genetic disorders.
- Peripheral Artery Disease Screening** – Ankle Brachial Index (ABI) test. To help ensure the reduction in risk of a serious atherothrombotic event (MI or Stroke) for “at risk” patients.
- 24 hour Ambulatory Blood Pressure Monitor** – Blood Pressure is being measured as you move around for a day. Using a digital blood pressure machine that is attached to your belt or in a carry pouch that is connected to a cuff around your upper arm.

Referring Physician/ Healthcare professional

Office Address/telephone:

Signature: