



Royal Victoria
Regional Health Centre

Outpatient Cardiovascular Rehabilitation
201 Georgian Drive, Barrie, Ontario

Phone: (705)-728-9090 x 47334
Fax: (705)-739-5688

PATIENT NAME: _____

DOB: _____

HRN: _____

(addressograph)

Patient Information

Patient Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Referring MD: _____ Family MD: _____ Cardiologist: _____

REFERRAL FROM SPECIALIST / CHRONIC DISEASE PREVENTION CLINICIAN

The Cardiovascular Rehabilitation Program is for individuals with diagnosed heart / cardiovascular disease in the last 6 months as defined below. It is a 12-week interventional program that consists of cardiovascular assessments, exercise stress testing, supervised exercise and a comprehensive program of lifestyle education and counseling. All participants' cardiovascular health is monitored and managed by the program's physicians.

Diagnosis	Date Diagnosed / Event Date (Day/Month/Year)
<input type="checkbox"/> Cardiomyopathy	
<input type="checkbox"/> CABG x _____	
<input type="checkbox"/> NSTEMI	
<input type="checkbox"/> STEMI	
<input type="checkbox"/> Valve Repair/Surgery	
<input type="checkbox"/> PCI/PTCA	
<input type="checkbox"/> Angina	
<input type="checkbox"/> TIA / Mild Non-Disabling Stroke	

Please ensure the following reports are included with this requisition or are available in RVH EMR.

Please fax all appropriate documentation to the Cardiovascular Rehabilitation Program at (705) 739-5688

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|---|---|
| <input type="checkbox"/> History, Admission Note and Discharge Summary | <input type="checkbox"/> Electrocardiogram (most recent) |
| <input type="checkbox"/> Angiogram/PTCA/Operative Report(s) | <input type="checkbox"/> Cardiology Clinic Letters |
| <input type="checkbox"/> Recent Stress test – within the last 3 months
(i.e. Exercise, Thallium, Echo, MUGA, etc.) | <input type="checkbox"/> Any other test results or relevant information
(ie Carotid Doppler, Holter etc) |
| <input type="checkbox"/> Lipids and Troponins | |

The Cardiovascular Rehabilitation Program requires the above relevant documents to process this referral. Please contact the Cardiovascular Rehabilitation Team at (705) 728-9090 extension #47334 with any questions.

For Physician Use Only

Referring Physician:		Signature:	
Telephone Number:	Fax Number:	Billing #	

