



Royal Victoria  
Regional Health Centre

**Outpatient Cardiovascular Rehabilitation  
201 Georgian Drive, Barrie, Ontario**

Phone: (705)-728-9090 x 47333  
Fax: (705)-797-3127

PATIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

HRN: \_\_\_\_\_

(addressograph)

**Patient Information**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referring MD: \_\_\_\_\_ Family MD: \_\_\_\_\_ Cardiologist: \_\_\_\_\_

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) 797-3127**

- |   |   |
|---|---|
| <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<br>(i.e. Exercise, Thallium, Echo, MUGA, etc.) | <input type="checkbox"/> Any other test results or relevant information<br>(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 #47333 with any questions.**

**For Physician Use Only**

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

