



# Hamilton Health Sciences

## Cardiac Health & Rehabilitation Centre Referral Form

Telephone: 905-577-8033 Fax: 905-528-3148

Bradma or label

Patient Name:

Phone #

Date of Birth

### REFERRING DIAGNOSIS (Check all that apply)

1. ☐ Post MI Date: \_\_\_\_\_ 2. ☐ PCI Date: \_\_\_\_\_ 3. ☐ CHF 4. ☐ Stable CAD  
 5. ☐ Unstable Angina 6. ☐ Cardiomyopathy 7. ☐ CABG Date: \_\_\_\_\_  
 8. ☐ Valve Repair/Replacement Date: \_\_\_\_\_ 9. ☐ Transplant Date: \_\_\_\_\_  
 10. ☐ Primary Prevention 11. ☐ Other: \_\_\_\_\_

### MEDICATIONS (Name and Dose and Frequency)

Name	Dose	Frequency	Name	Dose	Frequency

### COMORBIDITIES/CONCERNS/RESTRICTIONS

- ☐ Angina ☐ Peripheral Vascular Disease ☐ CHF ☐ ICD ☐ Pacemaker  
☐ Other: \_\_\_\_\_

If available, please attach most recent cardiac history, exercise stress test and/or fasting bloodwork results.

Patients who have access to a cardiac rehabilitation program closer to home will automatically be referred to that centre unless otherwise directed by the ordering Physician.

Unless contraindicated a graded exercise stress test should be ordered for patients who will engage in exercise as part of their cardiac rehabilitation. For appointments please call the Medical Diagnostic Unit at 905 527-4322 ext 48003.

Date, time, and location of exercise stress test: \_\_\_\_\_

Referring Physician Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_