



PHYSICIAN REFERRAL FORM
Prevention and Rehabilitation Centre

Date (yyyy/mm/dd) / /	DOB (yyyy/mm/dd) / /	TOH Unique No.	Health Card No.
Surname		First Name	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Female <input type="checkbox"/> Male
Address		Postal Code	Phone No.
Referring Physician	Family Physician	Cardiologist	Surgeon

REHABILITATION PROGRAM SITE

University of Ottawa Heart Institute:

- On-Site Cardiac Rehabilitation Program
- Case-Managed Home Program
- Brief Program
- CardioFit
- FrancoForme (French Case-Managed Home Program)
- Other: _____

Regional Site:

Program Description:

All programs include: Intake and exit risk factor assessment, exercise stress test if indicated, and individualized exercise prescription. Access to Social Work, Vocational Counselling, Dietitian, Psychology.

Please describe the patient's current admission diagnosis/reason for referral.

If possible, please include copies of discharge summaries, consult notes and test reports.

DIAGNOSIS	YYYY/MM/DD	YYYY/MM/DD	YYYY/MM/DD
<input type="radio"/> Angina <input type="checkbox"/> Stable <input type="checkbox"/> Unstable		<input type="radio"/> Aortic Valve Repair / <input type="radio"/> Aortic Valve Replacement	
<input type="radio"/> MI		<input type="radio"/> Mitral Valve Repair / <input type="radio"/> Mitral Valve Replacement	
<input type="radio"/> CHF		<input type="radio"/> Transplant	
<input type="radio"/> PTCA/Stent(s)		<input type="radio"/> Arrhythmia	
<input type="radio"/> CABG X		<input type="radio"/> Permanent Pacemaker	
<input type="radio"/> AICD		<input type="radio"/> Other:	

Specific Issues of Concern with this patient:

FOR OFFICE USE ONLY

On-Site CMHP Brief Unsure FrancoForme Cardio-Fit Telehealth _____

Appointment Date: _____ Time: _____

Diabetes: Yes No HI Location: _____

Regional _____ Prospect

Declined-Reason: _____

RN/PT name: _____

Referring Physician's signature: _____

Return to: Prevention & Rehabilitation Centre
40 Ruskin Street, Ottawa, ON K1Y 4W7
Phone (613) 761-4572 Fax (613) 761-5336