Cardiac Rehabilitation Program

Peterborough Regional Health Centre

Outpatient Rehabilitation
1 Hospital Drive
Peterborough, ON K9J 7C6
Phone: (705) 740-8351
Fax: (705) 740-8203

Patient Label

Date of Referral: ______________________________

Patient Name:	Date of Birth (d/m/y)	Health Card #:
Address:	Telephone: Home - Cell - Work -	
Diagnosis:	**Date of Cardiac Onset:** **Last Admission Date:**	
Has the client consulted with a Cardiologist for this problem: ☐ Yes ☐ No	**Specialist:** **Date last seen:**	

Cardiovascular History and Dates:

- ☐ Cardiac admission to hospital with last year: ________
- ☐ Angina: ___________
- ☐ HF: ___________ New Diagnosis: ☐ Yes ☐ No
- ☐ ACS: ___________
- ☐ MI:_____________
- ☐ Angioplasty: ___________
- ☐ Bypass Surgery: _____________ ☐ PCI: _____________
- ☐ Pacemaker: _____________ ☐ Defibrillator: _____________
- ☐ Valve Replacement: ___________________________________
- ☐ Peripheral Vascular Disease: _______________
- ☐ Stroke or TIA: _________________

☐ Other:

Health History/Precautions:

☐ Arthritis	☐ Diabetes	☐ Dyslipidemia	☐ Other: ________________________
☐ Allergies	☐ COPD/Asthma	☐ Epilepsy	
☐ Cancer: ___________	☐ HTN	☐ Liver Disease	

Does your patient have any pre-existing health condition that would make exercising unsafe, difficult or high risk?

☐ No ☐ Yes, please note:____

Attached are the following test results:

- ☐ Blood Work (including fasting blood sugar, total Cholesterol, HDL, LDL, Triglycerides, Cholesterol/HDL ratio- within last 6 months, on current medication)
- ☐ Graded Exercise Stress Test (post cardiac event/ surgery)
- ☐ ECHO
- ☐ ECG
- ☐ Recent Consultation Notes

Practitioner's Name (please print):	✓ I verify that the above named patient is fit to join the Cardiac Rehabilitation Program **Signature of Referring Practitioner**: **Date**:
Practitioner's Telephone #:	

Please ensure that the referral is fully completed and supporting documents attached before faxing to the department.

For Office Use: K# __________________ Account # ______________________ Initials ___________