



Cardiac Rehabilitation Program North Lambton Community Health Centre

Referral to:

South Western Ontario Cardiac Rehabilitation Program

| | |
|--------------|------------------------|
| Name: | DOB: |
| Address: | City: |
| Postal Code: | Health Card #: |
| Telephone: | Primary Care Provider: |

| | | | |
|---------------------|--|---------------------------------------|------------------------------------|
| Referring Clinician | <input type="radio"/> Family physician | <input type="radio"/> Cardiologist | <input type="radio"/> Internist |
| | <input type="radio"/> Nurse practitioner | <input type="radio"/> Cardiac surgeon | <input type="radio"/> Other: _____ |

| | | | |
|-------------------|---|---|--|
| Point of Referral | <input type="radio"/> Emergency | <input type="radio"/> Cardiac diagnostics | <input type="radio"/> Physician's office |
| | <input type="radio"/> Outpatient clinic | <input type="radio"/> Inpatient unit | <input type="radio"/> Other: _____ |

| | | | | |
|---------------------|---------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| Reason for Referral | <input type="radio"/> MI | <input type="radio"/> PTCA | <input type="radio"/> CABG | <input type="radio"/> Aortic valve |
| | <input type="radio"/> Mitral valve | <input type="radio"/> Transplant | <input type="radio"/> CHF | <input type="radio"/> Stable CAD |
| | <input type="radio"/> Unstable angina | <input type="radio"/> Cardiomyopathy | <input type="radio"/> Other: _____ | |

Please indicate cardiac rehab site and fax all pertinent discharge summaries, blood work, cardiac investigations (ECG, stress test, echo, etc) along with this completed referral form.

CRP Sarnia: Phone. 519-491-2123 Fax. 519-491-6575

- | | | | |
|--|--------------|---|--------------|
| <input type="radio"/> WRH: Windsor Site | 519-985-2635 | <input type="radio"/> Ontario Aerobics Centre | 519-648-2253 |
| <input type="radio"/> WRH: Leamington Site | 519-322-4616 | <input type="radio"/> St. Mary's General Hospital | 519-749-6873 |
| <input type="radio"/> LHSC: London Site | 519-667-6532 | | |

Referring MD/NP (please print) Signature Date