



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

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|---|--------------|---|--------------|
| <input type="radio"/> HDGH: Windsor Site | 519-257-5277 | <input type="radio"/> Ontario Aerobics Centre | 519-648-2253 |
| <input type="radio"/> HDGH: Leamington Site | 519-257-5277 | <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