



**Cardiac Rehabilitation Centre Referral
Hotel Dieu Hospital site**

Telephone: 613-544-3400 Ext.3123

Fax: 613-544-4749

Internet: www.hoteldieu.com



Health Card #

CR#:

Patient Name:

Date of Birth (yyyy/mm/dd):

Address:

Postal Code:

Phone - Home:
Work:

Primary Diagnosis:

- | | |
|---|--|
| <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Percutaneous Coronary Intervention (PCI) | <input type="checkbox"/> Transient Ischemic Attack |
| <input type="checkbox"/> Myocardial Infarction (MI) | <input type="checkbox"/> Cerebrovascular Disease |
| <input type="checkbox"/> Acute Coronary Syndrome (ACS) | <input type="checkbox"/> Peripheral Arterial Disease |
| <input type="checkbox"/> Stable Coronary Artery Disease (CAD) | <input type="checkbox"/> Chronic Kidney Disease |
| <input type="checkbox"/> Other Cardiovascular Insufficiency: _____ | |
| <input type="checkbox"/> 3 or more Cardiovascular Risk Factors: _____ | |

Cardiovascular diagnosis/event date (yyyy/mm/dd): _____

Diabetes Status:

- Non Diabetic
 Diabetic

Baseline Functional Status:

- Limited
 Active
 Athletic

Comments:

Referring Practitioner Signature: _____

Referring Practitioner Printed Name: _____

Referral Date (yyyy/mm/dd): _____

Your patient will be assessed in a **SCREENING CLINIC** by an interdisciplinary team, including a cardiologist, to determine his/her suitability for the Cardiac Rehabilitation Centre's (CRC) services. Upon admission, your patient will receive the following services at the CRC:

- An individually prescribed and monitored graduated exercise program.
- Education classes in risk factor modification in the physical, psychosocial and nutritional areas.
- Access to dedicated time with a physiotherapist, dietitian, social work, cardiovascular nurse and/or cardiologist as appropriate.

Mail or FAX Referral to the Cardiac Rehab Centre Clinic - Fax # 613-544-4749

Please advise patients that they will:

- Be contacted by the Hospital with the appointment date and time.
- Need to bring their health card and medications with them.