

# CARDIAC REHABILITATION PROGRAM

**REFERRAL:** Brightshores Health System – Cardiac Rehabilitation Program  
 Owen Sound & Area Family Y  
 700 10<sup>th</sup> Street East  
 Owen Sound, ON  
 N4K 0C6

**Phone:** (519) 376-4832  
**Fax:** (519) 376-2063

**PATIENT NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PRIMARY CARE PROVIDER:** \_\_\_\_\_ **CITY/TOWN:** \_\_\_\_\_

**Referral Event Date:** \_\_\_\_\_ **Referral Date:** \_\_\_\_\_  
**DAY / MONTH / YEAR** **DAY / MONTH / YEAR**

## REFERRING CLINICIAN

- ☐ Family Physician ☐ Cardiologist ☐ Cardiac Surgeon ☐ Internist  
☐ Nurse Practitioner ☐ other (specify) \_\_\_\_\_

## POINT OF REFERRAL

- ☐ Emergency ☐ Cardiac Diagnostics / Intervention ☐ Inpatient Unit ☐ Unknown  
☐ Physician's Office ☐ Outpatient Clinic ☐ other (specify) \_\_\_\_\_

## REFERRAL EVENT

- ☐ MI ☐ PTCA ☐ CABG ☐ Aortic Valve ☐ Mitral Valve  
☐ Transplant ☐ CHF ☐ Stable CAD ☐ Cardiomyopathy ☐ Unstable Angina  
☐ Other (please specify) \_\_\_\_\_

## ELIGIBLE CRITERIA

- Adults greater than 19 years of age with any one or combination of the following within the last two years:
- ☐ Post MI ☐ Post PTCA ☐ Post CABG ☐ Post Aortic/Mitral Valve surgery ☐ CHF  
☐ Cardiomyopathy ☐ Cardiac Transplant ☐ Stable CAD/Angina ☐ Arrhythmia

Please fax completed and **signed** referral form along with Graded Exercise test results, if available. A graded exercise test and blood work will be arranged through this program if the information is not received. This program will include risk stratification and exercise. **Pharmalogical intervention will be left up to the attending physician.**

\_\_\_\_\_  
**Referring Clinician (please print clearly)**

\_\_\_\_\_  
**Signature**