Providence HEALTH CARE

St. Paul's Hospital
B180 1081 Burrard Street,
Vancouver, B. C. V6Z 1Y6
Phone: 604-806-9270 Fax: 604-806-8590
www.heartcentre.ca

HEART CENTRE
PROVIDENCE HEALTH CARE

HEALTHY HEART PROGRAM
CARDIAC REHABILITATION REFERRAL

MAKE REFERRALS TO CARDIAC REHABILITATION FOR:
Exercise, education and counseling for patients recovering from acute coronary syndrome, PCI, CABG, pacemakers, internal defibrillators, LVAD and heart transplant. Also for patients with CAD, PVD, CHF, diabetes and arrhythmias.

Fax referral to: 604-806-8590 **We will contact the patient for an appointment**

PATIENT INFORMATION

Last Name:	First Name:	Initial:
Address:		
City:	Province:	Postal Code:
Telephone (Home):	(Work):	
PHN:	DOB (DD/MM/YYYY)	Gender:

MEDICAL HISTORY / RISK FACTORS

☐ Cholesterol / Dyslipidemia	☐ Smoker	☐ Coronary artery disease
☐ Obesity / Overweight	☐ Hypertension	☐ Cerebral vascular disease
☐ Diabetes	☐ Physical Inactivity	☐ Peripheral vascular disease
☐ Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT)	☐ Psychosocial factors	☐ Other:
	☐ Family history of vascular disease (1st degree relative younger than 65 years)	

REASON(S) FOR REFERRAL

MEDICATION Include dosages.

LABORATORY RESULTS Include copy of lipid profile results within last 6 months.

CARDIAC TEST RESULTS Include copy of stress test (within 1 year), ECG, echocardiogram, angiogram.

REFERRING PHYSICIAN	Office Address/Phone
DATE OF REFERRAL:	