
Last Name

First Name

Address

Home Phone

Date of Birth (DD/MM/YY)

Hearts in Motion – Cardiac Rehabilitation Referral Form

- Post MI:** Date: _____
- Thrombolytic
 Q Wave Non Q wave
 Inferior Lateral Anterior Posterior Right Ventricle
- Cardiac Surgery:** Date: _____
- CABG Vessel(s): _____
 Valve
 Other: _____
- Coronary Angioplasty:** Stent Date: _____ Vessel(s): _____
- CHF**
- Unstable Angina**
- Other:** (please specify) _____

Medical History

- Coronary Angiogram: Date: _____ Diseased Vessels: RCA LAD Circumflex
- Angina Peripheral Vascular Disease
- CHF Stroke Pacemaker Defibrillator (ICD)

LVEF

- Greater than 50% 35 – 49% 20 – 34% Less than 20%

Dysrhythmias

- Atrial dysrhythmias Isolated PVC's (<10/hr) Isolated PVC's (>10/hr)
- Non-sustained VT Recurrent VT Episode of VF

Heart Hazards

- Hypertension Dyslipidemia Family History Diabetes
- Inactivity Stress Smoking Obesity

Patients referred to the SMGH Hearts in Motion Cardiac Rehabilitation program will be assessed and treated by members of the multidisciplinary team dependant on the patient's needs as identified during the intake interview. Team members include the following: Clinical Nurse Specialist, Registered Nurse, Cardiac Exercise Specialist, Registered Dietitian, Social Worker, Pharmacist, Physician, and Physiotherapist

Referring Physician: _____
Print Name

Date: _____

Signature

Please forward a consultation note, 2D Echo, lipid profile and exercise stress test summary if available.