



Referral to:

**CARDIAC REHABILITATION &
SECONDARY PREVENTION PROGRAM**

268 Grosvenor Street, Room B3-689, London, ON N6A 4V2

Telephone: 519-667-6704 / **Fax:** 519-667-6532

NAME:

ADDRESS:

CITY: TELEPHONE:

D.O.B.: (YYYY/MM/DD) Health Card Number:

REFERRING CLINICIAN:

Family Physician Cardiologist Cardiac Surgeon Internist Advanced Practice Nurse

Other (*specify*): Unknown

POINT OF REFERRAL:

Emergency Cardiac Diagnostics/Intervention Inpatient Unit Physician's Office

Outpatient Clinic Other (*specify*): Unknown

REFERRAL EVENT:

Acute Coronary Syndrome: STEMI Non-STEMI Unstable Angina

Other Cardiac Events: PCI AV Surgery Transplant

CABG MV Surgery CHF

Stable Angina Other (*specify*):

Referral Event Date (YYYY/MM/DD):

PLEASE INDICATE THE CARDIAC REHABILITATION SITE:

St. Joseph's Health Care London 519-667-6532

<input type="checkbox"/> Alexandra Hospital (Ingersoll) 519-485-9615	<input type="checkbox"/> Bluewater Health (Sarnia) 519-337-7536	<input type="checkbox"/> Chatham-Kent Community Health Centre (Chatham) 519-627-4436
<input type="checkbox"/> Leamington General Hospital 519-257-5277	<input type="checkbox"/> Grey-Bruce Health Services (Owen Sound) 519-376-2063	<input type="checkbox"/> St. Mary's General Hospital Kitchener-Waterloo 519-885-1242
<input type="checkbox"/> Windsor Regional Hospital 519-257-5277		

REFERRING PHYSICIAN

PHYSICIAN SIGNATURE

DATE (YYYY/MM/DD)