OXFORD COUNTY CARDIAC REHABILITATION & SECONDARY PREVENTION PROGRAM

29 Noxon St., Ingersoll ON, N5C 1B8 Tel. (519) 485-1700 Ext. 8298 Fax (519) 485-9615

REFERRAL FORM

First Name		ne			Address			
Last Name								
Gender				City				
Date of Birth				Province				
Patient ID #		#			Postal Code			
H.I.N.		N.			Phone			
Fan	nily Docto	or		Cardiologist/ Internist		Surgeon		
Referr Clinici		Family Physician nternist		Cardiologist Cardiac Surgeon	O Other			
Point o Referr	\mathcal{E}			O Inpatient Unit O Physicians Office O Cardiac Diagnostics/Intervention O Other				
Referr	Referral O MI O Cardiomyopathy O Stable CAD O Other (specify)		O			O CHF O Transplant		
Referr	al Event Da	(mm/						
Please	fax the foll	owing to (519) 4	85- 9	0615				
O MI	ient Histo BI Report ood Work	O Cardiac	Cat	-	rigly. O HDL	Echo Rep		
Please C	Choose a Caro	Path						
O Usual Program Care: with risk stratification including pharmacologic and non-pharmacologic (nutrition, psychology and exercise) treatment by the Cardiac Rehabilitation Team or referral to other medical specialties and services as needed.								
•	Limited Program Care: with risk stratification including non-pharmacologic (nutrition, psychology, and exercise) by the Cardiac Rehabilitation Team with suggestions only for pharmacologic treatment to the primary or referring physician.							
Date (mm/dd/yy)			R	eferring Physician an (print clear	_	Physician Signature		