HANOVER CARDIAC REHABILITATION PROGRAM
REFERRAL FORM
90 – 7TH Avenue
Hanover, ON, N4N 1N1
Phone: 519-364-2340
Fax: 519-364-1195

Date of Referral: _____

Last Name _____ First Name _____

Address _____

Home Phone _____ Date of Birth (DD/MM/YY) _____

Health Card _____

Referring Physician _____ Family Physician _____

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

❑ **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 Hanover 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 may include the following: Clinical Nurse Specialist, Registered Nurse, Cardiac Exercise Specialist, Registered Dietitian, Social Worker, Pharmacist, Physician, and Physiotherapist

The material is adopted from the St. Mary's General Hospital – Hearts in Motion Program with permission