UHN Toronto General Toronto Western Princess Margaret Toronto Rehab Michener Institute
A Healthier World.

Cardiovascular Prevention & Rehabilitation Program
Toronto Western – 399 Bathurst St.
Toronto Rehab – 347 Rumsey Rd.
Tel: (416) 597-3422 ext. 5200 Fax: (416) 425-0301

Pulse Check Referral From – for Graduates of Cardiac Rehab

PATIENT INFORMATION

NAME _____ SEX _____
(Please Print) Last Name First Name Middle Initial

DATE OF BIRTH _____ HEALTH CARD _____
Month/Day/Year

STREET ADDRESS _____ APT # _____

CITY _____ PROV _____ POSTAL CODE _____

TEL (___) _____ (___) _____ EMAIL _____
Home Mobile

Limited English Proficiency: □Yes □No Language: _____

CONTACT PERSON _____ TEL _____

This patient is being referred for a medical assessment, cardiopulmonary stress test, and exercise prescription.

I would like to request optimization of medications for cardiovascular prevention. □ Yes □ No

HEALTH INFORMATION

Since graduating from the cardiac rehab program, has the patient had any new significant health problems?

☐ Yes ☐ No If "yes", please provide clinical notes.

Date of program graduation (month/year): _____

REFERRING PHYSICIAN INFORMATION

NAME _____
(Please Print) Last Name First Name

ADDRESS _____ TEL _____ FAX _____

_____
(Physician Signature)

☐ Family Medicine ☐ Cardiology/Internal Medicine ☐ Cardiovascular Surgery
☐ Nurse Practitioner ☐ Endocrinologist ☐Other: _____

Family Doctor: _____
(if different from above)