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

Cardiovascular Prevention & Rehabilitation Program
Toronto Western – 299 Bathurst St.
Toronto Rehab – 347 Rumsey Rd.
Tel: (416) 597-3422 ext. 5200 Fax: (416) 425-0301

REFERRAL FORM

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 comprehensive cardiovascular rehabilitation program including medical consultation, cardiopulmonary stress test, exercise intervention, and access to dietitian, social work, and psychology services.

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

REFERRAL DIAGNOSIS (check all that apply)

☐ MI	☐ CABG	☐ PCI	☐ Valve Surgery/TAVI
☐ Heart Failure	☐ Pacemaker/ICD	☐ Heart Transplant	☐ LVAD
☐ Aortic Aneurysm	☐ Vascular Surgery	☐ PVD	
☐ Stroke/TIA	☐ Diabetes/Prediabetes	☐ SCAD	☐ Cardiovascular Risk Factors
☐ Atrial Fibrillation	☐ Arrhythmia	☐ Ablation/Cardioversion	
☐ Cardiomyopathy	☐ Pericarditis	☐ Myocarditis	☐ Other: _____

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)