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

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)