

# 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

<b>First Name</b>		<b>Address</b>	
<b>Last Name</b>			
<b>Gender</b>		<b>City</b>	
<b>Date of Birth</b>		<b>Province</b>	
<b>Patient ID #</b>		<b>Postal Code</b>	
<b>H.I.N.</b>		<b>Phone</b>	
<b>Family Doctor</b>		<b>Cardiologist/ Internist</b>	<b>Surgeon</b>

**Referring Clinician**     Family Physician     Cardiologist     Other  
 Internist     Cardiac Surgeon

**Point of Referral**     Emergency     Inpatient Unit     Physicians Office  
 Outpatient Clinic     Cardiac Diagnostics/Intervention     Other

**Referral**     MI     PTCA     CABG     CHF  
 Cardiomyopathy     Aortic Valve     Mitral Valve     Transplant  
 Stable CAD     Unstable Angina  
 Other (specify) \_\_\_\_\_

**Referral Event Date:** \_\_\_\_\_  
(mm/dd/yy)

**Please fax the following to (519) 485-9615**

Patient History     Discharge Summary     Stress Test     Echo Report  
 MIBI Report     Cardiac Cath. Report  
 Blood Work     FBS     Chol.     Trigly.     HDL     LDL

**Please Choose a Care Path**

- 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)

\_\_\_\_\_  
Referring Physician and Billing number  
(print clearly)

\_\_\_\_\_  
Physician Signature