



Seaway Valley Community Health Centre

Working with you for a Healthier Community

Cardiac Tele-Rehab Program

REFERRAL FORM

Phone: 613-936-0306

Fax: 613-936-0521

Program Description: The Cardiac Tele-Rehab program is a secondary prevention program including supervised exercise and CV risk factor management education.

Inclusion Criteria: Recent CV event and clinically stable.

Exclusion Criteria: ICD or pacemaker insertion within last 6 months, cognitive impairment or unable to follow directions in English.

Date (yyyy/mm/dd)		Surname		First Name		DOB (yyyy/mm/dd)	
<input type="checkbox"/> Male	Address			City		Postal Code	
<input type="checkbox"/> Female							
Phone			Alternative Phone			Email	

Blood Pressure _____ mmHg

Diabetic? Yes No

Dislipidemia? Yes No

Treated with lipid lowering therapy/medication? Yes No

Treated with antihypertensive medication? Yes No

Smoking Status?

Smoker

Quit in the past 6 months

Quit more than 6 months ago

Non Smoker – never smoked

Have patient's first degree relatives (living or deceased) ever been diagnosed with cardiovascular disease before the age of 60 years? Yes No

Results of recent blood values (within past 3 months)

Total Cholesterol _____ mmol/L

Triglycerides _____ mmol/L

LDL-C _____ mmol/L

Fasting Glucose _____ mmol/L

HDL-C _____ mmol/L

HbA1C _____ %

TC/HDL-C _____ mmol/L

(Note: This includes non-diabetic patients)

History of cardiovascular event and/or specific cardiovascular concerns (attach ALL relevant documentation & test results)

Physician/Nurse Practitioner (printed name)		Physician/Nurse Practitioner (signature)		Return to: Attn: Cardiovascular Rehabilitation Program Fax: 613-936-0521 Mail: 353 Pitt Street, Cornwall, ON K6J 3R1 Phone: 613-936-0306 X106
Address		Phone		
		Fax		