



Lennox & Addington County General Hospital
 8 Richmond Park Dr.
 Napanee, ON K7R 2Z4



**Cardiac Rehabilitation
 Centre Referral**

Patient's Name: _____ D.O.B. _____
Last, First, Middle Initial

Address: _____ Postal Code: _____

Telephone No.: () _____

Primary Diagnosis:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Stable Coronary Artery Disease (CAD) | <input type="checkbox"/> PCI | <input type="checkbox"/> Stent |
| <input type="checkbox"/> Acute Coronary Syndrome (ACS) | <input type="checkbox"/> CABG | |
| <input type="checkbox"/> Myocardial Infarction (M.I.) | <input type="checkbox"/> Valve Surgery | |
| <input type="checkbox"/> Congestive Heart Failure (CHF) | <input type="checkbox"/> Other cardiovascular surgery: _____ | |
| <input type="checkbox"/> 3 or more cardiovascular risk factors (list please): _____ | | |

Cardiovascular diagnosis/event date: _____

dd/mm/yy

Secondary Diagnoses:

- | | |
|---|---|
| <input type="checkbox"/> Diabetes - <input type="checkbox"/> Not on insulin | <input type="checkbox"/> Peripheral Vascular Disease (PVD) |
| <input type="checkbox"/> On insulin | <input type="checkbox"/> COPD: _____ |
| <input type="checkbox"/> Cerebrovascular Accident (CVA) | <input type="checkbox"/> Other respiratory diagnosis: _____ |
| <input type="checkbox"/> Transient Ischemic Attack(s) (TIA) | <input type="checkbox"/> Other (e.g. renal): _____ |

Expectations and Services Requested:

- | | |
|--|---|
| <input type="checkbox"/> Risk Factor Identification & Management | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Exercise Prescription & Monitoring | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Psychological Assessment & Counselling | <input type="checkbox"/> Vocational Issues (assessment, return to work) |

Comments: _____

Referring Doctor's Signature: _____ PLEASE Print Name: _____

Date of Referral: _____

Please Send to Lennox & Addington County General Hospital Cardiac Rehabilitation Centre
Phone: 613-354-3301 Ext. 285 Fax: 613-354-6024

Your patient will be assessed in a SCREENING CLINIC by an interdisciplinary team, including an internist, to determine their suitability for the Cardiac Rehabilitation Centre's services. Upon admission, you patient will receive the following services at the CRC:

- An individually prescribed and monitored graduated exercise program
- Education classes in risk factor modification in the physical, psychosocial, nutritional areas
- Access to dedicated time with a physiotherapist, dietitian, cardiovascular nurse and/or internist as appropriate