NHCR
North Hastings Cardiac Rehabilitation

NORTH HASTINGS CARDIAC REHABILITATION REFERRAL FORM

Bancroft Community FHT
Box 1089, 19 Oak Street
Bancroft, ON K0L 1C0
P: 613-332-1565
F: 613-332-0526

Eligibility Criteria:

1. Cardiac symptom free and clinically stable (ie. Stable angina or A-fib)
2. Sinus rhythym with resting HR <90 (no devices)
3. Fully revascularized or blockages of >60% on angiogram. (Includes successful PCI)
4. No cardiac event previous to the current event within the last year
5. Exercise level of at least 2.5 METS (slow placed walk for 15 min)
6. Without cognitive impairment/able to follow directions
7. English speaking
8. Ambulatory

All patients referred to NHCR will be screened for appropriateness of participation based on Canadian Association of Cardiac Rehabilitation recommendations.

LABEL

Primary Diagnosis:

- ☐ Stable CAD
- ☐ Acute Coronary Syndrome
- ☐ Stable Angina
- ☐ Congestive Heart Failure
- ☐ Myocardial Infarction (Date(s): _____)
- ☐ Other cardiovascular Insufficiency: _____
- ☐ CABG (Date: _____)
- ☐ Valve Surgery (Date: _____)
- ☐ PCI /Stent (Date: _____)
- ☐ Other Cardiovascular Surgery: _____

Secondary Diagnosis:

- ☐ Diabetes (Non-insulin dependent)
- ☐ Diabetes (Insulin-dependent)
- ☐ CVA
- ☐ TIA(s)
- ☐ PVD
- ☐ COPD: _____
- ☐ Other respiratory Dx: _____
- ☐ Other (renal, CA): _____

Please attach ALL of the following and check the box if attached. If item is not available, please indicate reason for non-inclusion in the comments box below.

- ☐ **Echocardiogram report (post event)**
- ☐ **Cardiologist reports**
- ☐ **Cardiac medications list with doses**
- ☐ **Other cardiac medical history**

COMMENTS:

Physician's Signature: _____ **Date:** _____ **(dd/mm/yy)**

Physician's Name (print): _____ **Physician's Location:** currMdAddressLabel

PLEASE FAX COMPLETED REFERRAL AND APPROPRIATE MEDICAL RECORDS TO NHCR @ (613-332-5541