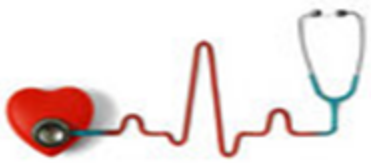
Bancroft Community
Family Health Team
Oak Site
Box 1089, 19 Oak Street
Bancroft, ON K0L 1C0
P: 613.332.1565



North Hastings Cardiac Rehabilitation Referral Form

Eligibility Criteria

- Cardiac symptom free and clinically stable (ie. Stable angina or A-Fib)
- Sinus rhythm with resting HR <90 (no devices)
- Fully revascularized or blockages of >60% on angiogram (includes successful PCI)
- No previous cardiac events prior to the current event within the last year
- Exercise level of at least 2.5 METS (slow paced walk for 15 min)
- Without cognitive impairment / able to follow directions
- Ambulatory

PATIENT LABEL

PLEASE FAX COMPLETED REFERRAL AND REPORTS TO 613-332-5541

Primary Diagnosis

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

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. *If item is not available, please indicate reason in comment below.*

- ☐ Echocardiogram Report (Post Event)
- ☐ Cardiologist Reports
- ☐ Cardiac Medications List (with doses)
- ☐ Other Cardiac Medical History

Comments:

Physician's Name: _____

Address: _____

_____

Telephone: _____ Fax: _____

Physician's Signature:

Date (dd/mm/yy): _____

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