

## CARDIAC REHABILITATION PROGRAM

**REFERRAL:** Grey Bruce Health Services – Cardiac Rehabilitation Program  
Owen Sound & Area Family Y  
700 10<sup>th</sup> Street East  
Owen Sound, ON  
N4K 0C6

**Phone:** (519) 376-4832  
**Fax:** (519) 376-2063

**PATIENT NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**Referral Event Date:** \_\_\_\_\_  
**DAY / MONTH / YEAR**

**Referral Date:** \_\_\_\_\_  
**DAY / MONTH / YEAR**

**REFERRING  
CLINICIAN**

- ☐ Family Physician    ☐ Cardiologist    ☐ Cardiac Surgeon    ☐ Internist  
☐ Nurse Practitioner    ☐ other (specify) \_\_\_\_\_

**POINT OF  
REFERRAL**

- ☐ Emergency    ☐ Cardiac Diagnostics / Intervention    ☐ Inpatient Unit    ☐ Unknown  
☐ Physician's Office    ☐ Outpatient Clinic    ☐ other (specify) \_\_\_\_\_

**REFERRAL  
EVENT**

- ☐ MI    ☐ PTCA    ☐ CABG    ☐ Aortic Valve    ☐ Mitral Valve  
☐ Transplant    ☐ CHF    ☐ Stable CAD    ☐ Cardiomyopathy    ☐ Unstable Angina  
☐ Other (please specify) \_\_\_\_\_

**ELIGIBLE  
CRITERIA**

Adults greater than 19 years of age with any one or combination of the following within the last two years:

- ☐ Post MI    ☐ Post PTCA    ☐ Post CABG    ☐ Post Aortic/Mitral Valve surgery    ☐ CHF  
☐ Cardiomyopathy    ☐ Cardiac Transplant    ☐ Stable CAD/Angina    ☐ Arrhythmia

Please fax completed and ***signed*** referral form along with Graded Exercise test results, if available. A graded exercise test and blood work will be arranged through this program if the information is not received. This program will include risk stratification and exercise. ***Pharmacological intervention will be left up to the attending physician.***

\_\_\_\_\_  
**Referring Physician (please print clearly)**

\_\_\_\_\_  
**MD Signature**