



fraserhealth

# CARDIAC REHABILITATION PROGRAM REFERRAL



CDXX104703B

Rev: Feb. 07/14

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<input type="checkbox"/> ARHCC 32900 Marshall Road, Abbotsford, BC V2S 0C2	Phone: (604) 851 - 4700	Fax: (604) 851 - 4782
<input type="checkbox"/> JPOCSC 9750 140th Street Surrey, BC V3T 0G9	Phone: (604) 582 - 4584	Fax: (604) 582 - 3744

Patient's Full Legal Name: \_\_\_\_\_  
Last First Middle

Personal Health Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M  F   
(DD, MM, YYYY)

Address: \_\_\_\_\_  
Street City Province Postal Code

Home Phone No. \_\_\_\_\_  Okay to Call Message Phone No. \_\_\_\_\_

Insurance Type  MSP  WCB  Out-of-Province  Self-Pay Other: \_\_\_\_\_ RCMP or Armed Forces #: \_\_\_\_\_

Interpreter Required:  No  Yes Language: \_\_\_\_\_

**REASON FOR REFERRAL:**

**Exercise Tolerance Tests are performed as part of the Cardiac Rehab Program intake appointment.**  
This ensures standardized exercise prescriptions, timely initiation of supervised exercise, as well as appropriate progression of exercise during the program.

**Please attach the following tests to process your referral (if available):**

- Angiogram, PCI, or Cardiac Surgery reports
- ECG, Nuclear scans or Echocardiogram reports
- Specialist consultations and other associated medical condition consultations
- List of Medications
- Lipid Profile and other available lab tests such as CBC, Electrolytes, BUN, Creat etc.

**Other Medical Issues**

<input type="checkbox"/> Hypertension	<input type="checkbox"/> Depression / Stress / Anxiety	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Respiratory Disease	<input type="checkbox"/> GI Problems
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Sexual Dysfunction	<input type="checkbox"/> Other

Printshop # 261994

**Family Physician (if different from referring source)**

Name: \_\_\_\_\_

MSP #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient has no GP/NP

**Referring Health Care Provider:**

Name: \_\_\_\_\_

MSP #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

GP  Specialist  NP  Hospitalist  ER  Other

Referring Physician Signature: \_\_\_\_\_

# CARDIAC REHABILITATION PROGRAM REFERRAL Cont'd

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**Cardiac Rehabilitation Exercise Program: Features bi-weekly monitored exercise programs that benefit the following conditions in a supportive medically monitored environment:**

Acute Coronary Syndromes  
Primary PTCA  
Heart Failure  
Coronary Artery Bypass Graft and Valve Surgeries  
Peripheral Vascular Disease  
Arrhythmias  
Recent Pacemakers and Internal Cardiac Defibrillator or Resynchronization therapy  
Cardiovascular Disease with Diabetes and / or Chronic Kidney Disease

In the **Exercise portion of the rehab program**, clients will be monitored within the **high risk classes at the JPOCSC site**. For **Low to Intermediate risk** they will enter the **Community Program** at Guildford Recreational Centre or Abbotsford Recreational Centre. A **Home Based Cardiac Rehab program** is also available.

**JPOCSC and ARHCC** also provide comprehensive **Cardiac Rehab Education Self-Management Support Classes** focusing on lifestyle management topics that promote heart health after a cardiac event.

An interdisciplinary team of health professionals are present each week to educate and assist clients towards healthy lifestyle changes.

**These education sessions can be accessed immediately post discharge without referral or cost.**

Call the clinic for class times and schedules.