CARDIAC REHABILITATION PROGRAM REFERRAL

[ ] ARH [ ] JPOCSC [ ] BH [ ] PAH

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ARHCC 32900 Marshall Road, Abbotsford, BC V2S 0C2 Phone: (604) 851-4700 Fax: (604) 851-4782
JPOCSC 9750 140th Street, Surrey, BC V3T 0G9 Phone: (604) 582-4584 Fax: (604) 582-3744
BH 3935 Kincaid Street, Burnaby, BC V5G 2X6 Phone: (604) 412-6440 Fax: (604) 412-6189
PAH 15455 Vine Ave, White Rock, BC V4B 2T3 Phone: (604) 541-7162 Fax: (604) 538-9809

Referring Clinician
[ ] Family physician [ ] Nurse Practitioner
[ ] Cardiologist [ ] Emergency Physician
[ ] Cardiac Surgeon [ ] Internal Medicine
[ ] Internist [ ] Other: ____________________________

Point of Referral
[ ] Emergency [ ] Outpatient clinic
[ ] Physician’s office [ ] Cardiac Diagnostics / Intervention
[ ] Inpatient unit [ ] Other: ____________________________

Referral / Eligibility Criteria
[ ] STEMI/NSTEMI/UA or CAD [ ] PVD
[ ] CABG / Valve surgery [ ] Arrhythmia
[ ] Heart Failure [ ] Other: ____________________________

Reason for Referral
[ ] Cardiac rehab program including:
  • Cardiologist and RN intake
  • Risk stratification
  • Exercise program
[ ] Cardiac rehab education (RN can refer)
[ ] Other: ____________________________

At ARH, JPOCSC, & PAH Exercise Tolerance Tests (ETT) are performed as part of the Cardiac Rehab intake appointment. This ensures standardized exercise prescriptions, timely initiation of supervised exercise, as well as appropriate progression of exercise during the program.

Referring Clinician/ Physician: ____________________________ Signature: ____________________________

Date: ____________________________ Patient’s Cardiologist: ____________________________

MRP: ____________________________ Family Physician: ____________________________

Please attach any relevant documents that cannot be retrieve from online sources when faxing the referral.