fraserhealth

# CARDIAC REHABILITATION PROGRAM REFERRAL

☐ ARH ☐ JPOCSC ☐ BH ☐ PAH

Place patient label here

Form ID: CDXX104703C Rev: Oct 2019 Page: 1 of 1

| | | | | |
|---|---|---|---|---|
| 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
- ☐ Cardiologist
- ☐ Cardiac Surgeon
- ☐ Internist
- ☐ Nurse Practitioner
- ☐ Emergency Physician
- ☐ Internal Medicine
- ☐ Other: _____

**Point of Referral**

- ☐ Emergency
- ☐ Physician's office
- ☐ Inpatient unit
- ☐ Outpatient clinic
- ☐ Cardiac Diagnostics / Intervention
- ☐ Other: _____

**Referral / Eligibility Criteria**

- ☐ STEMI/NSTEMI/UA or CAD
- ☐ CABG / Valve surgery
- ☐ Heart Failure
- ☐ PVD
- ☐ Arrhythmia
- ☐ 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**