TotalCardiology®
Rehabilitation

# REFERRAL FORM

Office Use Only. Place patient label here.

## PATIENT INFORMATION AND MEDICAL HISTORY

**Name:** ______________________

**AHC #:** ______________________ **DOB (day/month/year):** ______________________

**Street Address:** ______________________

**City:** ____________ **Province:** ____________ **Postal Code:** ____________

**Home #:** ____________ **Cell #:** ____________ **Work #:** ____________

**Referring MD:** ____________ **Family MD:** ____________ **Cardiologist/Surgeon:** ____________

## CARDIAC REHABILITATION PROGRAM

- ☐ CAD
  - ☐ Angioplasty/PCI
  - ☐ Medical management
- ☐ ACS
  - ☐ STEMI/NSTEMI
  - ☐ Unstable angina/Stable angina
- ☐ Heart surgery
  - ☐ CABG
  - ☐ Valve
- ☐ Heart failure with reduced EF (< 40%)
  - ☐ Cardiac amyloidosis
- ☐ Thoracic aortic surgery
- ☐ Heart transplant (pre/post)
- ☐ Other (*please describe*):

## MEDICALLY SUPERVISED EXERCISE PROGRAM

- ☐ Left ventricular assist device (LVAD)
- ☐ Peripheral artery disease (PAD):
  - ☐ Medically managed
  - ☐ Revascularization
- ☐ Postural orthostatic tachycardia syndrome (POTS)
- ☐ Other *(please describe):*

**Patient resides in AHS – Calgary Zone:** ☐ Yes ☐ No  If no, name of AHS zone:

**Other Relevant Information**
(e.g., communication barriers, clinical information)

***IN ORDER TO PROCESS THIS REFERRAL, PLEASE ENSURE ALL ABOVE FIELDS ARE COMPLETED.**
**PLEASE INCLUDE FACE SHEET AND DISCHARGE SUMMARY IF APPLICABLE***

The cardiac rehabilitation and medically-supervised exercise programs include exercise stress testing (EST). Depending on patient stream and medical history, EST may occur at initial, 12-week (exercise completion), 1-year and 2-year follow-up appointments. Patients qualify once unless recurrent event.

______________________
**Referring Physician Signature**

______________________
**Please Print Name**

______________________
**Hospital Order MD Name / RN** *(no signature required)*

____________ ____________
**Date** **Phone**

Physician Name and Address:

Prac ID: