



Patient Name:
DOB:

PHN:
MRN:
Address:

Patient label
here

Phone:

Referral Date: _____

Cardiac Rehabilitation Referral Form

Royal Jubilee Hospital - South Island Program Only

1952 Bay St, Royal Block 3 Room 343

Victoria, BC V8R 1J8 Phone: 250-519-1601 Fax: 250-370-8267

Referring Provider			MSP #	
Provider signature				
Phone #				
Fax #				
Family Practitioner				
REASON FOR REFERRAL				RISK ASSESSMENT (please select applicable level)
<input type="checkbox"/>	Diagnostic Category* CABG / Valvular disease (Post-op open heart surgery)	Target 21-30 days	Event Date	<input type="checkbox"/> Low Risk: EF ≥ 50%; no CAD or mild to mod single vessel disease, or fully revascularized <input type="checkbox"/> Intermediate Risk: EF 40-49%; severe single vessel CAD/ mild 2 vessel CAD/ fully revascularized <input type="checkbox"/> High Risk: EF ≤ 39% or moderate to severe multi-vessel disease or incomplete revascularization: complex ventricular arrhythmia; heart failure; history of cardiac arrest; multiple MI's
<input type="checkbox"/>	Percutaneous Coronary Intervention (Post Angiogram/PCI)	2-7 days		
<input type="checkbox"/>	MI / Stable or Unstable Angina	7-30 days		
<input type="checkbox"/>	Arrhythmias	1-30 days		
<input type="checkbox"/>	Other			
SUPPORTING DOCUMENTS REQUIRED				SOURCE OF REFERRAL
Mandatory: <input type="checkbox"/> Medication list & allergies listed (note: <i>Cardiac Services Discharge Instruction</i> sheet indicating Cardiac Rehab RJH referral is an acceptable referral form)				<input type="checkbox"/> Family Practitioner <input type="checkbox"/> Specialist <input type="checkbox"/> NP <input type="checkbox"/> Emergency <input type="checkbox"/> In-patient discharge
If Available: <input type="checkbox"/> Physician consultation <input type="checkbox"/> Lab results (from last 6 months: lipids, fasting glucose, HBA1c, TSH, BNP, LFT, renal function) if not completed by Island Health				
				RISK FACTORS
				<input type="checkbox"/> Tobacco product <input type="checkbox"/> Obesity <input type="checkbox"/> HTN <input type="checkbox"/> Diabetes/pre-diabetic <input type="checkbox"/> Abnormal Lipids <input type="checkbox"/> Depression <input type="checkbox"/> Family Hx <input type="checkbox"/> Inactivity

*Taken from CCS Commentaries on Access to Care (2006). Access to cardiac rehabilitation.

ALLERGIES: _____

Please ensure patient has copy/or is aware of this referral

NOTE: Patients can be referred or self-refer to the following community based risk reduction services:

- **Heart Matters** or **Heart to Heart** Education Programs - Please provide brochure – patient can self-refer
 - **Take Heart & Breathe Well Exercise Programs** - Please provide brochure
- See http://www.viha.ca/heart_health/services/risk-rehab.htm for services