ST JOSEPH'S HEALTH CARE LONDON

Referral to:

CARDIAC REHABILITATION &
SECONDARY PREVENTION PROGRAM

268 Grosvenor Street, Room B3-689, London, ON N6A 4V2
Telephone: 519-667-6704 / **Fax:** 519-667-6532

NAME:	
ADDRESS:	
CITY:	TELEPHONE:
D.O.B.: (YYYY/MM/DD)	Health Card Number:

REFERRING CLINICIAN:

☐ Family Physician ☐ Cardiologist ☐ Cardiac Surgeon ☐ Internist ☐ Advanced Practice Nurse

☐ Other *(specify):* ☐ Unknown

POINT OF REFERRAL:

☐ Emergency ☐ Cardiac Diagnostics/Intervention ☐ Inpatient Unit ☐ Physician's Office

☐ Outpatient Clinic ☐ Other *(specify):* ☐ Unknown

REFERRAL EVENT:

Acute Coronary Syndrome:	☐ STEMI	☐ Non-STEMI	☐ Unstable Angina
Other Cardiac Events:	☐ PCI	☐ AV Surgery	☐ Transplant
	☐ CABG	☐ MV Surgery	☐ CHF
	☐ Stable Angina	☐ Other *(specify):*	

Referral Event Date (YYYY/MM/DD)**:**

PLEASE INDICATE THE CARDIAC REHABILITATION SITE:

☐ **St. Joseph's Health Care London** (Ph: 519-667-6704 / F: 519-667-6532)

☐ **Alexandra Hospital**
(Ingersoll)
Ph: 519-485-1700 x 8298
F: 519-485-9615

☐ **North Lambton Community Health Centre** (Sarnia)
Ph: 519-491-2123
F: 519-491-6575

☐ **Chatham-Kent Health Alliance**
(Chatham)
Ph: 519-397-5455 x 102
F: 519-397-5497

☐ **Leamington Cardiac Rehab**
Ph: 519-257-5111 x 72525
F: 519-257-5277

☐ **Owen Sound Cardiac Rehab**
Ph: 519-376-4832
F: 519-376-2063

☐ **St. Mary's General Hospital**
(Kitchener-Waterloo)
Ph: 519-885-9517
F: 519-885-1242

☐ **Hôtel-Dieu Grace Hospital**
Ph: 519-257-5111 x 72525
F: 519-257-5277

☐ **Kincardine Cardiac Rehab**
Ph: 519-396-2700 x 210
F: 519-396-2702

REFERRING PHYSICIAN	PHYSICIAN SIGNATURE	DATE (YYYY/MM/DD)

ALL PERTINENT DISCHARGE SUMMARIES, BLOOD WORK, CARDIAC INVESTIGATIONS (ECG, STRESS TEST, ECHO, ETC.) MUST BE FAXED ALONG WITH THE COMPLETED REFERRAL FORM.