YMCA of Hamilton | Burlington | Brantford

Brant Community Healthcare System
The Willett, Paris
The Brantford General

NAME:	
ADDRESS:	
CITY:	**TELEPHONE:**
D.O.B.: (Y/M/D)	**HEALTH CARD #:**
REFERRING PHYSICIAN	
☐ Family Physician ☐ Cardiologist ☐ Cardiac Surgeon ☐ Internist ☐ Other:	
REFERRAL EVENT:	**DATE OF EVENT:**
Acute Coronary Syndrome: ☐ STEMI ☐ Non-STEMI ☐ Unstable Angina **Other Cardiac Events:** ☐ PCI ☐ AV Surgery ☐ Transplant ☐ CABG ☐ MV Surgery ☐ CHF ☐ Stable Angina ☐ Other (specify):	
Exercise Stress Test:	
Complete (copy included)	
Ordered (date, if known):	

Please Note: An exercise stress test is a requirement for entry to the Cardiac rehabilitation program. The patient will require a **requisition for post-program Stress Test** to evaluate progress.

Comments:	
Care Considerations: ☐ Physical limitations ☐ Cognitive / Language (Interpreter/family should attend)	**Medical** ☐ **Alerts:** ☐ Diabetes ☐ Seizure ☐ Angina

Referring Physician Physician Signature Date (YYYY/MM/DD)

Referral to: **Cardiac Rehabilitation Program**

200 Terrace Hill St., 2nd Floor, D-Wing, Brantford, ON N3R 1G9 / Telephone: 519-751-5523 / Fax: 519-751-5859