UHN Toronto General Toronto Western Princess Margaret Toronto Rehab Michener Institute
A Healthier World.

# Diabetes, Exercise & Healthy Lifestyle Program

**Toronto Western – 299 Bathurst St.**
**Toronto Rehab – 347 Rumsey Rd.**
**Tel: (416) 597-3422 ext. 5200 Fax: (416) 425-0301**

## REFERRAL FORM

### PATIENT INFORMATION

NAME _____ SEX _____
(Please Print) Last Name First Name Middle Initial

DATE OF BIRTH _____ HEALTH CARD _____
Month/Day/Year

STREET ADDRESS _____ APT # _____

CITY _____ PROV _____ POSTAL CODE _____

TEL (___) _____ (___) _____ EMAIL _____
Home Mobile

Limited English Proficiency: □Yes □No Language: _____

CONTACT PERSON _____ TEL _____

This patient is being referred for a comprehensive cardiovascular rehabilitation program including medical consultation, cardiopulmonary stress test, exercise intervention, and access to dietitian, social work, and psychology services.

I would like to request optimization of medications for cardiovascular prevention. □Yes □No

**REFERRAL DIAGNOSIS** (check all that apply)

| | | | |
|---|---|---|---|
| □ Diabetes Type II | □ Diabetes Type I | □ Prediabetes | □ MI |
| □ Heart Failure | □ Pacemaker/ICD | □ Heart Transplant | □ LVAD |
| □ Aneurysm | □ Vascular Surgery | □ PVD | □ CABG |
| □ Stroke/TIA | □ PCI | □ SCAD | □ Cardiovascular Risk Factors |
| □ Atrial Fibrillation | □ Arrhythmia | □ Ablation/Cardioversion | □ Valve Surgery/TAVI |
| □ Cardiomyopathy | □ Pericarditis | □ Myocarditis | □ Other: |

### REFERRING PHYSICIAN INFORMATION

NAME _____
(Please Print) Last Name First Name

ADDRESS _____ TEL _____ FAX _____

_____
(Physician Signature)

☐ Family Medicine ☐Cardiology/Internal Medicine ☐Cardiovascular Surgery
☐ Nurse Practitioner ☐Endocrinologist ☐Other: _____

Family Doctor: _____
(if different from above)