UHN Toronto General Toronto Western Princess Margaret Toronto Rehab
COURAGE LIVES HERE

Cardiac Rehabilitation & Secondary Prevention Program
347 Rumsey Road Toronto, Ontario M4G 1R7
Phone: (416)-597-3422, ext. 5200
Fax: (416)-425-0301

DIABETES EXERCISE & HEALTHY LIFESTYLE PROGRAM REFERRAL FORM

Upon completion, please forward to the above address or fax

PATIENT INFORMATION

Name: _____ Sex ☐ M ☐ F Date of Birth: _____
Last Name First Name Middle Initial Month/day/year

Address: _____ APT.# _____

City _____ Prov _____ Postal Code _____

Telephone: (_____) _____ (_____) _____ Health Card No _____
Home Business

Referral Diagnosis:
☐ Type 2 ☐ Type 1 Duration of DM: _____
☐ Pre-Diabetes

Diabetic Complications:
☐ Retinopathy ☐ Neuropathy ☐ Nephropathy

Other CV Risk Factors: ☐ Lipids ☐ BP ☐ Smoking ☐ Obesity ☐ Family Hx

****Please include: Current 12-Lead ECG, most recent blood work containing lipids, A1C, BLOOD GLUCOSE and microalbumin/creatinine ratio**

Does patient have any cardiovascular condition? If yes, briefly describe and include any recent cardiac test results (i.e. STRESS ECG, MUGA/ECHO, ANGIOGRAM) and clinic notes, cardiac consult notes.

_____

_____

Does patient have any orthopedic/neuromuscular/vascular limitations? If yes, briefly describe.

_____

_____

Referring Physician or Designate Information:

Name: _____
(Please Print) Last Name First Name

Telephone: _____ Fax: _____

Address: _____ Postal Code _____

Physician or Designate Signature: _____ ❑ DEC ❑ Endocrinology ❑ Family Practice

Family Physician Contact Information
Name: _____
(Please Print) Last Name First Name Telephone

I hereby authorize _____ to release to Toronto Rehab any medical records or information concerning my admission(s).
Dated this _____ Day of _____ 20 _____

Signature: _____ Witness: _____