



Hôpital
général St-Boniface General
Hospital

CARDIAC REHABILITATION REFERRAL FORM

These diagnoses are acceptable for admission to Cardiac Rehabilitation. Please check the primary diagnosis and relevant interventions.

Diagnosis	Intervention
<input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Stable Angina <input type="checkbox"/> Acute Coronary Syndrome <input type="checkbox"/> Valvular Disease <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Heart Failure <input type="checkbox"/> Cardiomyopathy	<input type="checkbox"/> AMI Care Map Automatic Referral <input type="checkbox"/> PTCA +/- Stent <input type="checkbox"/> CABG Pathway Automatic Referral <input type="checkbox"/> Device to Control Angina e.g. TENS <input type="checkbox"/> Valve Repair/Replacement Automatic Referral <input type="checkbox"/> ICD Insertion <input type="checkbox"/> Pacemaker Insertion <input type="checkbox"/> Heart Transplant <input type="checkbox"/> Ablation <input type="checkbox"/> Not on Care Map/Pathway

NAME: _____

PHONE NO.: _____

ADDRESS: _____

POSTAL CODE: _____

PHIN NO.: _____

MHSC NO.: _____

DOB: _____ (e.g. August 4, 1936)

Male Female

ALTERNATE CONTACT: _____

PHONE NO.: _____

ADMISSION DATE: _____ (e.g. April 4, 2005)

DISCHARGE DATE: _____ (e.g. April 9, 2005)

Reh-Fit Centre Fax: 488-4819

Wellness Institute Fax: 694-2712

L. Avery Fax: 233-2157

Brandon Fax: 1-204-578-4956

Thunder Bay Fax: 1-807-768-1787

Attending a cardiac rehabilitation program is the best way to recover after a cardiac event. A physiotherapist will explain this to you while in the hospital. Your name and telephone number will be sent to the cardiac rehabilitation program in Winnipeg, Brandon, or Thunder Bay. You will either receive a letter and/or a telephone call at home from a staff member at the cardiac rehabilitation program.

OFFICE USE ONLY: _____