

MEDPOINT CARDIAC REHABILITATION

A Division of Medpoint Health Care Centres

FAX REFERRALS TO: 519-432-9529

Today's Date: _____
Patient's Name: _____
 M F Health Card #: _____ D.O.B.: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____

REFERRAL EVENT:

Acute Coronary Syndrome:	<input type="checkbox"/> STEMI	<input type="checkbox"/> Non-STEMI	<input type="checkbox"/> Unstable Angina
Other Cardiac Events:	<input type="checkbox"/> PCI	<input type="checkbox"/> AV Surgery	<input type="checkbox"/> Transplant
	<input type="checkbox"/> CABG	<input type="checkbox"/> MV Surgery	<input type="checkbox"/> CHF
	<input type="checkbox"/> Stable Angina	<input type="checkbox"/> Other (specify):	

PATIENT HISTORY:

CURRENT MEDICATIONS:

PLEASE INDICATE THE CARDIAC REHABILITATION SITE:

- | | |
|--|---|
| <input type="checkbox"/> TILLSONBURG
205 Broadway St.
P: 519-432-1919 x115
F: 519-432-9529 | <input type="checkbox"/> LONDON
355 Wellington St.
P: 519-432-1919 x229
F: 519-432-9529 |
|--|---|

Referring Physician Name _____ Referring Physician Signature _____
Physician Billing # _____ Phone _____
Address _____ Fax _____