UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

REFERRAL FORM
Division of Prevention and Rehabilitation

Return to: Fax 613-696-7106
Prevention & Rehabilitation Centre
40 Ruskin Street, Ottawa, ON K1Y 4W7 Phone: 613-696-7068

Date (yyyy/mm/dd)	DOB (yyyy/mm/dd)	TOH Medical Record Number	Language ❑ English ❑ French ❑ Other _____

Last Name	First Name	Gender ❑ Male ❑ Female

Home Address	City	Postal Code

Phone Number	Other Phone Number	E-mail

Referring Physician	Health Card Number/Version Code

PLEASE DESCRIBE THE PATIENT'S CURRENT ADMISSION DIAGNOSIS/REASON FOR REFERRAL

Reason for Referral/Diagnosis	Date (yyyy/mm/dd)	Reason for Referral/Diagnosis	Date (yyyy/mm/dd)
❑ Myocardial Infarction: ❍ Non-STEMI ❍ STEMI		❑ Acute Coronary Syndrome	
❑ Angina		❑ Aortic surgery	
❑ Angiogram ❑ Percutaneous Coronary Intervention		❑ Cardiomyopathy	
❑ Coronary Artery Bypass Graft		❑ Cerebrovascular Disease ❍ Stroke ❍ Transient Ischemic Attack	
❑ Valve replacement ❑ Valve repair		❑ Heart Transplant	
❑ Congestive Heart Failure		❑ MitraClip ❑ Transcatheter Aortic Valve Implant	
❑ Automatic Implantable Cardioverter Defibrillator ❑ Pacemaker ❑ Left Ventricular Assist Device		❑ Pulmonary hypertension	
❑ Peripheral Vascular Disease		❑ Primary prevention	
❑ Spontaneous Coronary Artery Dissection		❑ Arrhythmia	
❑ Other			

SPECIFIC ISSUES OF CONCERN WITH THIS PATIENT

Referred by physician	Signature	Date (yyyy/mm/dd)	Time

Patient: Chart no.:

FOR OFFICE USE ONLY

Intake Appointment
Date: _____ **Time:** _____ **With:** _____

Questionnaire
❑ English ❑ French
❑ Paper version
❑ Online version-email:_____

Program Option
❑ On-Site
❑ Case-Managed Home Program (CMHP)
❑ Brief
❑ FrancoForme
❑ CMHP-Telehealth
❑ CMHP-Carleton Place
❑ CMHP-Arnprior
❑ Virtual Care
❑ CardioPrevent
❑ Women@Heart
❑ Unsure

Regional Referral
❑ Almonte: Ottawa Valley Family Health Team
❑ Arnprior Regional Health
❑ Barry's Bay: St. Francis Memorial Hospital
❑ Brockville General Hospital
❑ Centre de santé et de services sociaux de Gatineau: Hull Hospital
❑ Cornwall: Seaway Valley Community Health Centre
❑ Hawkesbury and District General Hospital
❑ Montfort Hospital
❑ Pembroke Regional Hospital
❑ Sudbury: Health Sciences North
❑ Winchester District Memorial Hospital
❑ Other _____

Appointment Not booked – Reason (choose only one, the most appropriate)
❑ Cognitively impaired
❑ Discharged–invitation letter to be mailed
❑ Distance
❑ Doing fine on their own
❑ For further testing/treatment/surgery
❑ Heart wise exercise
❑ Language barrier
❑ Multiple medical issues/comorbidities
❑ Not interested/refused to be seen
❑ Past participant
❑ Physical disability/mobility issues
❑ Poor compliance
❑ Referred to regional program
❑ Repatriated to referring institution/transferred to continuing care
❑ Returned to nursing home/retirement residence
❑ Substance abuse
❑ Transportation issues
❑ Undergoing treatment–invitation letter to be mailed
❑ Unsure/will think about it
❑ Will call to book intake
❑ Will discuss with: ❍ Family ❍ Physician
❑ Other: _____

Comments:_____
_____
_____
_____
_____

Referred by Nurse (print)	Nurse's Signature	Date (yyyy/mm/dd)	Time