



**Halton Healthcare Services**  
**Milton District Hospital**  
**Oakville-Trafalgar Memorial Hospital**

**Cardiac Rehabilitation Program**

**REFERRAL FOR  
 EDUCATION AND EXERCISE CLASSES**

PLEASE STAMP BELOW

Patient Name	
Phone – Home	Phone – Business
Date of Birth	Unit No.

*Participation in the Cardiac Rehabilitation Program will include medical evaluation, exercise test and blood work at intake and at six months.*

Diagnosis - PLEASE SEND RELEVANT CONSULTATION, SURGICAL AND/OR INTERVENTIONAL NOTES	
Has patient had a fasting blood sugar, total cholesterol, HDL, LDL, Triglycerides, cholesterol/HDL ratio within the past four weeks (at least 8 weeks post cardiac event)? - PLEASE INCLUDE A COPY OF TEST RESULTS <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the patient had a graded exercise test within the past two months on current medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Locations <input type="checkbox"/> ER <input type="checkbox"/> In Patient <input type="checkbox"/> Physician Office <input type="checkbox"/> Cardiology <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> Other:	Site <input type="checkbox"/> MDH <input type="checkbox"/> OTMH
Date	Signature of Referring Physician

TO BE COMPLETED BY CARDIOLOGIST / INTERNIST AT INTAKE

<p><i>I verify that the above-named patient is fit to join the Cardiac Rehabilitation Program.</i></p> <p style="text-align: right;">_____  <i>Signature of Cardiologist / Internist</i></p>
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Please return to Program Coordinator, Cardiac Rehabilitation Program, c/o Physiotherapy Department  
 Oakville: ☎ 905-845-2571 ext. 6653    Fax: 905-338-4452  
 Milton: ☎ 905-878-2383 ext. 7274    Fax: 905-876-7005