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 / Trans 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 (yyyy/mm/dd) _____ at _____

Questionnaire

- ❑ Paper version
- ❑ Online version-email:_____

Program Option

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

Regional Referral

- ❑ Almonte: Ottawa Valley Family Health Team
- ❑ Barry's Bay: St. Francis Memorial Hospital
- ❑ Brockville General Hospital
- ❑ Carleton Place and District Memorial 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
- ❑ Returned to referring institution
- ❑ 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