



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

REFERRAL FORM
CARDIOVASCULAR PREVENTION AND REHABILITATION
PROGRAMS

PLEASE FAX TO 613-696-7106

Last name:	First name:	Date of Birth (YYYY/MM/DD):
Phone:	TOH Medical Record Number:	
Address:		
City:	Province:	Postal code:
Health card No.:		Expiry date:
Sex:	Indigenous:	Yes No
PREFERRED LANGUAGE OF SERVICE:	English French Other:	Interpreter required

REASON FOR REFERRAL	DATE	REASON FOR REFERRAL	DATE
Risk Factor Management Counseling (+/-MD Consult)		Peripheral Vascular Disease	
Myocardial Infarction		Spontaneous Coronary Artery Dissection	
Angina/Acute Coronary Syndrome		Aortic Surgery	
Angiogram		Cardiomyopathy	
Percutaneous Coronary Intervention		Cerebrovascular Disease	
Coronary Artery Bypass Graft		Stroke	
Valve Replacement		Transient Ischemic Attack	
Valve Repair		Heart Transplant	
Heart Failure		MitraClip	
Automatic Implantable Cardioverter Defibrillator		Transcatheter Aortic Valve Implant	
Pacemaker		Pulmonary Hypertension	
Left Ventricular Assist Device		Arrhythmia	

FIELDS MANDATORY FOR POSTPARTUM ONLY

Select conditions that apply: Pre-eclampsia/eclampsia HELLP syndrome Gestational diabetes Gestational hypertension

CLINICAL INDICATIONS – All fields mandatory

Last Blood Pressure Measurement:		Metabolic Dysfunction Associated Steatotic Liver Disease	Yes	No
Hypertension	Yes No	Menopause Status	Pre Peri Post	
High Cholesterol (Dyslipidemia)	Yes No	Mental Health Illness Treated with Antipsychotics	Yes	No
Overweight/Obesity	Yes No	Diabetes/Prediabetes	Yes	No
Sleep Apnea	Yes No	Family History of Early Onset Cardiovascular Disease	Yes	No

Smoking: Currently Smokes Quit Non-Smoker, never smoked

Medication List – **Mandatory** – Attached

RESULTS OF RECENT BLOOD VALUES (WITHIN THE PAST 6 MONTHS) – All fields mandatory

Labs - attached (Please include: Lipid profile, HbA1C, CBC, Cr, eGFR, UACR, Liver Enzymes, Any other pertinent results.)

CHALLENGES THAT MAY IMPACT LEARNING OR SERVICES REQUESTED

Cognitive impairment	No MD/NP
Mobility issues	Homeless/marginal housing
Developmental challenges	Literacy
Active substance/alcohol misuse or challenges	Mental health challenges

APPROPRIATE FOR GROUP SESSIONS? Yes No

ADDITIONAL COMMENTS/SPECIAL INSTRUCTIONS: **REFERRING PROVIDER (or stamp)**