



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

**Cardiac Rehabilitation Program**

PLEASE STAMP BELOW

**REFERRAL FOR  
 EDUCATION AND EXERCISE CLASSES**

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**

Yes  No

Has the patient had a graded exercise test within the past two months on current medications?

Yes  No

Referral Locations

ER  In Patient  Physician Office  
 Cardiology  Outpatient Clinic  Other:

Site

MDH  OTMH

Date

Signature of Referring Physician

TO BE COMPLETED BY CARDIOLOGIST / INTERNIST AT INTAKE

*I verify that the above-named patient is fit to join the Cardiac Rehabilitation Program.*

\_\_\_\_\_  
 Signature of Cardiologist / Internist

Please return to Program Coordinator, Cardiac Rehabilitation Program, c/o Physiotherapy Department

Oakville: ☎ 905/845-2571 ext. 6653 Fax: 905/815-5109

Milton: ☎ 905/876-7022 Fax: 905/876-7005