



Health Sciences North
Horizon Santé-Nord

CARDIAC REHABILITATION PROGRAM

**CENTRE FOR LIFE
140 DURHAM ST
SUDBURY, ON P3E 3M7
705-671-6601 / Fax 688-7301**

Medical Referral / Patient Information Form

Date: _____

Name: Mr/Mrs/Miss _____

D.O.B: _____ (D/M/Y) H.C.#: _____

Address: _____

_____ Postal Code: _____

Phone: Home _____ Work _____

* Please include apartment and box numbers.

Diagnosis: _____

Please indicate program choice

- Core program (exercise, education, risk factor management support)**
- Heart failure Clinic (education and exercise)**
- PAD Program**
- Permission for VO2 Max testing or**
- Recent stress test results**

Comments: _____

Physician's Name: _____

Phone Number: _____

Physician's Signature: _____

Patient instructions

1. Please phone 705-671-6600 for interview arrangements
2. Please bring referral form and list of medications to your interview