



Optimizing Chronic Disease Management

Saskatoon Cardiac Rehabilitation Program

103 Hospital Drive, Saskatoon SK S7N 0W8
Phone: 306.655.2136
Fax: 306.655.6758

Referral Form
Date: \_\_\_\_\_

Client Information (complete information prevents delays in service).

Name: \_\_\_\_\_ (previous/Maiden Name): \_\_\_\_\_
Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_
Postal Code: \_\_\_\_\_ DOB: \_\_\_\_\_ PHN: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Referring Physician: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Diagnosis

- Heart Attack, Bypass Surgery, Angina, Angioplasty / Stent, Other, Heart Failure, Cardiomyopathy, Arrhythmias (atrial fibrillation, pacemaker), Heart Valve Replacement / Repair

Risk Factors

- Smoking, Hypertension, Dyslipidemia, Diabetes (type 1, type 2), Physical Inactivity, Obesity, Stress, Family History CAD

Reason for Referral

- Education Classes, Supervised Exercise Sessions

Comments / Concerns

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