



**Chronic Disease Wellness Centre
Cardiovascular Rehabilitation**

955 Major Mackenzie Drive West, 3rd Floor Suite 340
Vaughan, Ontario, L6A 4P9
Tel: 905-883-2211
Fax: 905-883-0772

NAME: _____

PHONE#: _____

D.O.B.: _____

H.C. #: _____

Referral for:

Cardiac Rehabilitation

Please attach recent:

- Blood work** (A1c, CBC, Lipids)
- Stress Test** results
- Consult Notes**

Lifestyles Plus Program - for those with risk factors

Please attach recent:

- Blood work** (A1c, CBC, Lipids)
- Consult Notes**

Pulmonary Rehabilitation

Please attach recent:

- Blood work** (A1c, CBC, Lipids),
- PFT** report
- 6-Minute Walk Test** report
- Consult Notes**

Stroke Rehabilitation

Please attach recent:

- Blood work** (A1c, CBC, Lipids)
- Consult Notes**

Reason for Referral:

Referring Physician (print)

Office Phone #

Date (dd/mm/yyyy)

Referring Physician Signature