University of Regina

DR. PAUL SCHWANN APPLIED HEALTH AND RESEARCH CENTRE

Cardiac Rehab. / Chronic Disease / Risk Reduction Program Referral

Name: Hospitalization #: / /

Address: Postal Code:

Home Phone: Work Phone:

Date of Birth: (dd/mm/yy)

Reason for Referral *(please check one only)*:

☐ Cardiac
☐ COPD
☐ Cancer
☐ Multiple Sclerosis
☐ Parkinson's
☐ Renal Failure
☐ Risk Reduction/Lifestyle Changes (Blue Cross Love2Live Program)
☐ TIA/Stroke (must be ambulatory)
☐ Other (Please Specify)_____

Medical History

☐ "Normal" OR ☐ Prone to Coronary Heart Disease

Risk Factors Present *(please check all that apply)*:

☐ Cigarette Smoking
☐ Dyslipidemia
☐ Diabetes Mellitus IDDM or NIDDM *(please circle one)*
☐ Family Hx Premature CHD
☐ Hypertension
☐ Obesity

Other significant medical conditions *(please check and comment)*

☐Cardiac Client

- ☐ Myocardial Infarction
- ☐ CABG
- ☐ PTCA
- ☐ CAD
- ☐ Valvular Disease
- ☐ Other (please explain)

☐ Accidents
☐ Allergies
☐ Epilepsy
☐ Infections
☐ Mental Illness
☐ Musculoskeletal Conditions/Injuries
☐ Neurological Impairment
☐ Respiratory Disease

Laboratory Data (if available):

Blood Pressure: / Medicated: (check one) ☐ Yes ☐ No

Blood Lipids: Total-C HDL-C LDL-C TG Hemoglobin:

Fasting: *(please check one)* ☐ Yes ☐ No Blood Glucose: HbA_{1C}:

12 Lead Electrocardiogram: (please check applicable boxes & attach if available)

- ☐ Not Available
- ☐ Within Normal Limits
- ☐ Abnormal (please explain)

_____
_____
_____

Present Medications (Type & Dosage)

Date of last physical examination: ____/____/____ (dd/mm/yy)

Other Comments:

_____
_____
_____

IMPORTANT: If determined a requirement, the above-listed person is capable of participating in a laboratory controlled physical fitness test under the direct guidance and supervision of:

☐ **Laboratory Technician** **OR** ☐ **Physician**

(Please check one)

Referring Physician: Telephone: ( )

(Please Print)

Signature: Date: / / (dd/mm/yy)

Please return to patient, mail, or fax to:
Dr. Paul Schwann Applied Health & Research Centre
University of Regina, Regina, SK S4S 0A2
Fax: (306) 585-5363 Tel (306) 585-4004

For more information on our programs and services or to download referral forms please visit our website at http://www.uregina.ca/dpsc

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