



We build strong kids, strong families, strong communities.

## Physician Referral Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P Code: \_\_\_\_\_

Phone: (h) \_\_\_\_\_

Phone: (w) \_\_\_\_\_

Specific Cardiac Diagnosis: \_\_\_\_\_

\_\_\_\_\_  
Current Medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach if available:

- ♥ **Most recent exercise stress test**  
*(If not done recently one will be conducted by Y Healthy Heart's Medical Director)*
- ♥ **Most recent lipid profile**
- ♥ **Other pertinent cardiac test results**

### Consent Of Physician:

I consider my patient, named above,  
to be a  
reasonable candidate for a medically  
supervised cardiac rehabilitation program.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ P Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_