Hôpital Montfort
713 Montréal Rd., Ottawa, ON, K1K OT1
☎ 613-746-4621 ext. 4125
Fax : 613-748-4913

Name:
Surname :
Sex :
Date of birth :
Address :

Main phone number :
Other phone number :
Ontario Health Card number :
Expiration date :

Cardiovascular and Pulmonary Health Services

OUTPATIENT - **REFERRAL**

Referral for PULMONARY REHABILITATION due to a diagnosis of :

- □ **Asthma**
- □ **Bronchiectasis**
- □ **Pulmonary Fibrosis**
- □ **COPD** *(Chronic Obstructive Pulmonary Disease)*
- □ **Autres :** _____

Referral for CARDIAC REHABILITATION due to a diagnosis of :

- □ **STEMI**
- □ **NSTEMI** *(Acute Coronary Syndrome)*
- □ **Stable Angina**
- □ **Heart Failure**
- □ **Arrhythmia**
- □ **Coronary Artery Bypass** *(x ___)*
- □ **Angioplasty**
- □ **Heart Transplant**
- □ **Valve Replacement / Repair**
- □ **Pacemaker**
- □ **Automatic Internal cardioverter-defibrillator** *(AICD)*

Other pertinent medical condition :

In order to accelerate the referring process, please include (if available) :

-Summary *(Hospital Discharge, Consultations, Laboratory Tests)*

-Cardiac Reports *(Angiogram, Coronary Artery Bypass Report, Echocardiogram, Stress Test)*

-Pulmonary Reports *(Complete Pulmonary Function Test, Simple Spirometry)*

Referring physician's signature: _____

CPSO #: _____ Billing # : _____ Date : _____