

Cardiac Education Referral Form

I wish to refer D.O.B/...../.....

Client contact address & phone number.....
.....

To your Cardiac Rehabilitation Program

(Please tick)

Inpatient / Outpatient Education

Outpatient Physical Activity sessions (post hospitalisation) and Education

Information Pack Address
.....

Principle Diagnosis

Other Diagnosis

Treatments / Procedures / Results

BP Troponin

Cholesterol Total HDL LDL Trig.

LV Function Good Fair Poor

Medications

Special Requests / Physical Activity Limitations

Doctor's Name:.....

Doctor's Signature

Doctor's Stamp

Date/...../.....

Darwin: Shop 1 – 3 Tiwi Place, Tiwi NT 0810 • PO Box 40113, Casuarina NT 0811 • Phone: 08 8927 8488 • Fax: 08 8927 8515

Alice Springs: 7/16 Hartley Street (Jock Nelson Centre), Alice Springs NT 0870 • Phone: 08 8952 8000 • Fax: 08 8952 7000

www.healthylivingnt.org.au • info@healthylivingnt.org.au • ABN 11 374 693 055

Healthy Living NT is the trading name of the Diabetes Association of the Northern Territory Incorporated.

