

# Cardiac Education Referral Form

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

Client contact address  
.....

To your Cardiac Rehabilitation Program

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](mailto: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.

