

Physician Referral Form

To be referred to the program, please have your doctor fill out this form and fax it to us at 604-521-3242.

Name: Age:

Date of birth: Address:

PHN:

Town/City: Postal Code:

Phone:

Email:

Family Physician:

Cardiologist:

Specific Cardiac Diagnosis:

Current Medications:



YMCA Healthy Heart Program

208-245 East Columbia Street
New Westminster, BC V3L 3W4

T: 604-521-5801

F: 604-521-3242

W: gv.ymca.ca/healthy-heart

Medical Director:

Dr. Benny Lau, M.D. FRCPC

Please attach if available:

- Recent exercise stress test (if not completed recently, one will be conducted by the YMCA 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.

Referring Dr's Name:

Signed: Date:

Address: Phone:

City: Fax:

Postal Code: