

Tel: 604-875-5389  
Fax: 604-875-5794



<b>Office Use:</b>
Class: _____
Start Date: _____

## Happy Hearts Programs Referral Form

Cardiac rehabilitation programs may use this form to refer their **graduates** to Happy Hearts community programs. Please complete the form as indicated and ensure you select the appropriate program.

**Select Location:**

- Kensington Community Centre     Dunbar Community Centre  
 Jewish Community Centre         Robert Lee YMCA  
 Champlain Community Centre (Happy Hearts maintenance only at this location)

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Carecard#: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Emerg Contact: \_\_\_\_\_

Relevant medical history: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Cardiologist: \_\_\_\_\_

**Cardiac Rehabilitation Exercise Program Summary (to be filled out by Case Manager)**

Location: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Referring Case Manager/Physician: \_\_\_\_\_

- Happy Hearts Plus (medically-supervised and case-managed program in the community)  
 Happy Hearts Maintenance (self-paced, self-managed exercise class in the community)

Exercise Prescription (Target Heart Rate): \_\_\_\_\_ bpm

**Aerobic Training workloads:**

Treadmill: \_\_\_\_\_ Stationary Bike: \_\_\_\_\_

Seated Stepper: \_\_\_\_\_ Rowing Machine: \_\_\_\_\_

Elliptical: \_\_\_\_\_ Other: \_\_\_\_\_

Resistance Training Program: \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

***Please fax completed form to 604-875-5794 or drop off at your preferred community centre.***

**The Happy Hearts Alliance is a partnership between the VGH Centre for Cardiovascular Health, St Paul's Hospital's Healthy Heart Program and community organizations to offer community cardiac wellness programs.**