



Happy Hearts Plus Program Application Form (pg 1)

- ♥ Community Cardiac Wellness Program ♥ Weekly Exercise and Education sessions
♥ Medical Supervision ♥ Non-competitive, friendly and supportive environment

Please select your preferred community centre:

- Kensington Community Centre Dunbar Community Centre Robert Lee YMCA
 Jewish Community Centre

Date: _____

Last Name: _____ First Name: _____

Address: _____

Telephone: _____ Birthdate: _____

Care Card#: _____ Email Address: _____

Family physician: _____ Cardiologist: _____

***Please fax this page AND physician referral to 604-875-5794 or drop it off at your preferred community centre.
For inquiries, please call 604-875-5389.
A Happy Hearts Coordinator will contact you for enrollment.***

Please have your physician complete this section:

Previous hospital-cardiac rehab program? Yes/No

Location _____ Graduation Date: _____

History of:

- | | | |
|---|--|--------------|
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> High Blood Pressure | Other: _____ |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Valve Surgery | _____ |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Bypass Surgery | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Irregular heart rhythm | _____ |
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Peripheral Vascular Disease | _____ |

For Happy Hearts Office Use Only:

Intake (date): _____

GXT (date): _____

BW (date): _____

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.



Physician Referral Form ♥ Happy Hearts Plus Program (pg 2)

- ♥ Community Cardiac Wellness Program ♥ Weekly Exercise and Education sessions
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Your patient, (name) _____, (birthdate) _____, would like to join the “Happy Hearts Plus Program”, a *physician-referred cardiac wellness program* offered by community organizations in partnership with the VGH Centre for Cardiovascular Health and St Paul’s Hospital’s Healthy Heart Program.

Participants attend weekly group exercise and education sessions. They are case managed and supervised under the care of our program cardiologists for the six-month duration (or 48 attended sessions) of the program.

We will be arranging prerequisites tests (stress test and blood work) and an intake cardiology assessment for your patient. If indicated, we will recommend a period of hospital-based cardiac rehabilitation before transitioning to the community program. Test results and progress reports will be sent to your office.

We would like to request your formal approval and referral to the program by returning this completed form to fax number 604-875-5794.

PLEASE ADVISE:

My patient is suitable for this program. Please advise if there are any restrictions/limitations:

I would like to refer my patient to a hospital cardiac rehab program instead (we will make arrangements for this referral to your patient’s preferred location).

Physician: _____ Signature: _____ Date: _____

If you have any relevant information for your patient’s cardiac wellness program, please forward to our program. Thank you and we look forward to working with your patient.

*Please fax completed form and relevant patient documents to 604-875-5794.
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