



**TORONTO REHABILITATION INSTITUTE  
CARDIAC REHABILITATION & SECONDARY PREVENTION PROGRAM**

347 Rumsey Road, Toronto ON M4G 1R7  
Tel.: (416) 597-3422 Ext. 5200 Fax: (416) 425-0301



# Pulse Check

**Free annual fitness assessment for grads**

## REFERRAL FORM

**Eligibility Criteria:**

- Interested in learning about current fitness level
- Graduated more than 1 year previously without new cardiac events
- Still active

(Please print)

**PARTICIPANT INFORMATION:**

NAME: \_\_\_\_\_ SEX: M  F  DATE OF BIRTH: \_\_\_\_\_  
Last Name First Name Middle initials Month/Day/Year

STREET ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_  
Home Business / Mobile

OCCUPATION: \_\_\_\_\_ HEALTH CARD #: \_\_\_\_\_

CLOSEST RELATIVE (or CONTACT PERSON): \_\_\_\_\_ TEL.: ( ) \_\_\_\_\_

**HEALTH INFORMATION:**

Since leaving the program, have you had any new significant health problems? If "yes", please obtain a note or report from your physician to provide more details about your condition or limitation.

In addition, the following information is required:

- Results of any recent cardiac assessments
- A 12 lead ECG (from within 12 months)
- Cholesterol and blood glucose results (from within the last 12 months)

**REFERRING PHYSICIAN INFORMATION:**

NAME: \_\_\_\_\_  
Last Name First Name

TELEPHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

**Please FAX the required health information and referral form to 416-425-0301.**