



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.