Toronto Rehab
Advancing Rehabilitation
Enhancing Quality of Life

Toronto Rehab's Cardiac Rehabilitation & Secondary Prevention Program
Rumsey Centre 347 Rumsey Road, Toronto Ontario M4G 1R3
Phone: 416-597-3422 ext. 5200 Fax: 416-425-0301

DIABETES SERVICE REFERRAL FORM

upon completion, please forward to the address above.copies available online at
www.torontorehab.com/documents/diabetes_referral_form.pdf

PATIENT INFORMATION

NAME SEX ☐ M ☐ F DATE OF BIRTH
(Please Print) Last Name First Name Middle Initial Month/day/year

STREET ADDRESS ____________________ APT.# ________

CITY ____________ PROV ____________ POSTAL CODE ____________

TELEPHONE: (____) ____________ (____) ____________
Home Business

OCCUPATION ____________________ HEALTH CARD NO ____________

--------------------------------PLEASE COMPLE TE BELOW OR ATTACH DEC SCREENING FORM----------------------------------

REFERRAL DIAGNOSIS:
☐ Type 2 ☐ Type 1 Duration of disease: ____________

DIABETIC COMPLICATIONS:
☐ Eye ☐ Kidney ☐ Feet ☐ Neuropathy

CARDIAC HISTORY:

Diagnosis	☐ None	☐ Angina	☐ MI	☐ PCI	☐ CABG	☐ CHF	☐ Other please specify
Date of Dx							

OTHER CV RISK FACTORS: ☐ Lipids ☐ BP ☐ Smoking ☐ Obesity ☐ Family Hx

REFERRING PHYSICIAN OR DESIGNATE INFORMATION:
NAME: ____________________
(Please Print) Last Name First Name

TELEPHONE ____________ FAX ____________

ADDRESS: ____________ POSTAL CODE ____________

Physician or Designate Signature: ____________ ☐ DEC ☐ Endocrinology ☐ Family Practice

FAMILY PHYSICIAN CONTACT INFORMATION
NAME: ____________________
(Please Print) Last Name First Name Telephone

** PLEASE NOTE: ATTACHING A 12 LEAD ECG AND BLOOD TEST REPORTS OR STRESS TEST AND MEDICAL SUMMARY WILL EXPEDITE THE START OF REHABILITATION

PATIENT WAIVER
LAST NAME ____________ GIVEN NAME ____________ DATE OF BIRTH ____________

I HEREBY AUTHORIZE ____________________ TO RELEASE TO THE TORONTO REHABILITATION INSTITUTE ANY MEDICAL RECORDS OR INFORMATION CONCERNING MY ADMISSION(S).

DATED THIS____________DAY OF ____________ 20 _____

SIGNATURE: ____________________WITNESS:____________________