



Mackenzie Health

**Chronic Disease Wellness Centre
Cardiovascular & Pulmonary Rehab (CVPR)**

955 Major Mackenzie Drive West, 3rd Floor Suite 340
Vaughan, Ontario, L6A 4P9
Tel: 905-883-2211

NAME: _____

PHONE#: _____

D.O.B.: _____

H.C. #: _____

Cardiovascular & Pulmonary Rehabilitation Program

Primary Reason for Referral:

Cardiac _____

Pulmonary _____

Vascular/Stroke _____

Lifestyle/Risk Reduction _____

Referral to CVPR **includes** an **initial and 6-month Functional Exercise Stress Test order**, if appropriate, for the purpose of developing the Exercise Prescription.

Diagnosis/Comments:

[Empty box for diagnosis and comments]

Referring Physician (print)

Office Phone #

Date (dd/mm/yyyy)

Referring Physician Signature



0511

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Please fax referral to: (905) 883-0772