



Mackenzie  
Health

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

955 Major Mackenzie Drive West, 3<sup>rd</sup> Floor Suite 340  
Vaughan, Ontario, L6A 4P9  
Tel: 905-883-2211  
Fax: 905-883-0772\*

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:**

\_\_\_\_\_  
Referring Physician (print)

\_\_\_\_\_  
Office Phone #

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Referring Physician Signature



0511

Rev. Oct 2020

**Please fax referral to: (905) 883-0772**