



For Southern Health CRC Referrals Fax to Access & Intake: (03)9265 1297 or email to sacs_i&a@southernhealth.org.au

For Evening Rehabilitation & External Referrals attach Fax Cover Sheet

CARDIAC REHABILITATION PROGRAM REFERRAL FORM

(Referral to include Discharge Summary)

Referral completed by:.....

From date of discharge recommend to commence program in:

- 1-2 weeks, RFM, Post UA, PCI/Stent, AMI - STEMI / NSTEMI, Other, 3-4 weeks (post surgery), CABGS, Valve - AVR / MVR, Cardiac Rehabilitation, NB: Heart Failure consider referral to Heart Failure Program

Dear

Thank you for considering this person for Cardiac Rehabilitation.

Bradma [Check phone number with patient]

Interpreter Required: Yes / No Language/Dialect required.....

Contact numbers: Home.....Work.....Mobile.....

2nd Contact Home.....Work.....Mobile..... (e.g. NOK)

Social Situation:

Employment status:..... Plan to RTW.....

Comments: (i.e. Reason for Referral to chosen program)

Other Services involved.....

LMO (Name, address, phone no).....

Cardiologist: (Name address, phone no)

This referral has been discussed with the patient and they wish to attend your program. If you have any queries, please do not hesitate to contact the Rehabilitation Coordinators(s):

- Monash Heart Coronary Care Unit Clayton Phone: (03) 9594 4172 Fax: (03) 9594 6575
Monash Heart Coronary Care Unit Dandenong Phone: (03) 9554 8135 Fax: (03) 9594 8110
Monash Heart Cardiothoracic Unit Clayton Phone: (03) 9594 3268 Fax: (03) 9594 6903
Other..... Phone: Fax: