



For Monash Health CRC Referrals Fax to Access & Intake:
Fax: (03)9554 9151 or email to icareaccess@monashhealth.org

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 Angina PCI/Stent STEMI/NSTEMI AF/PPM/AICD Other.....
3-4 weeks (Post surgery) CABGS Valve - AVR/MVR/TAVI
MH Cardiac Rehab Evening Rehab (Check criteria) Heart Failure (refer direct to Springvale CRC)

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)

Email Address:

Would you prefer to receive appointments and information via your email address? Yes / No

Social Situation:

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

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

Client has chosen this program because: (close to home, work in area).....

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):

- MonashHeart Cardiac Care Unit Clayton Phone: (03) 9594 4172 Fax: (03) 9594 6575
MonashHeart Cardiac Care Unit Dandenong Phone: (03) 9554 8135 Fax: (03) 9594 8110
MonashHeart Cardiothoracic Unit Clayton Phone: (03) 9594 3268 Fax: (03) 9594 6903
Jessie McPherson Private Clayton Phone: (03) 9594 3160 Fax: