100 Wright Crescent
Kingston, ON
K7L 4T9

YMCA of Kingston

Phone: 613-546-2647 ext. 244
Fax: 613-549-0654
www.kingston.ymca.ca

Referral Form: Cardiac Maintenance Program

Date: _____ Name: _____
Address: _____ Phone: _____
_____
_____
Date of Birth: M ___ D ____ Y ___

Cardiovascular Diagnosis:	Precautions (Angina, etc.):
Date of most recent event:	
Secondary Diagnosis (i.e. Diabetes):	Stress Test Y / N (Please attach stress test results)
Medications:	Musculoskeletal Limitations:
Family Doctor:	Phone:
Specialist Doctor:	Phone:
Signature of Referring Clinician:	Date: