

**Cardiac Rehabilitation Referral Form**

**All referral forms to be completed emailed to the cardiac rehabilitation team on  
cardiacrehab.team@nhs.net**

**Patient Details:**

NHS No.....NUHT No.....  
Patient Full Name.....D/O/B..... M / F  
Address.....  
Post Code..... Telephone (H)..... (M).....  
Ethnicity.....Language Spoken.....Health Advocate Required Y / N

**GP Details:**

General Practitioner.....  
Address.....Post code.....  
Telephone.....Fax.....

Date of admission..... Date of discharge.....

**Diagnosis: Non STEMI / STEMI / Unstable Angina / Medical Management / HF / HTN Other .....**

Troponin ..... Ejection Fraction.....

Risk Factors: Smoking  Diabetes  HTN  Cholesterol  FH  Diet  Exercise  Alcohol

Current medications:

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Past Medical History (including cardiac history):

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Pending tests / investigations:

Thallium / 24hr BPM / Angiogram / other.....

Name of Referrer..... Position..... Date.....

Contact details of referrer:-.....

**For Official Use: Date referral received.....Date Offered 2° Prevention Appt.....**

**Community Health Newham, Cardiac Rehabilitation Dept, The Centre-Manor Park, 30 Church Road, London E12 6AQ**

**Tel: 020 8553 7485**