

Cardiac rehabilitation referral form



Section one Referrer details

Referrer name	Role
Organisation	Email
Phone number	Date of referral
Treating Cardiologist name	Treating Cardiologist contact
Regular GP or Clinic name	Regular GP contact

Section two Participant details

Name	Date of birth	
Residential address		
Suburb	State	Postcode
Member number	Phone number	

Section three Participant medical details

Cardiac diagnosis / Reason for referral	Relevant medical history
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Additional relevant information

Admission and discharge dates (if applicable)

If available, please send additional relevant documents (discharge summary, medication chart, etc.)

Section four Referral eligibility and consent

I confirm the member meets the eligibility criteria for participation in this program	Yes	No
I confirm the member has given consent for the information on the form to be provided to Healthier Heart at GMHBA	Yes	No
I confirm the member has given consent to be contacted by Healthier Heart at GMHBA	Yes	No
I confirm the member has access to either a smartphone or computer with internet connection	Yes	No

How to use this form

Go ahead and complete all sections and then return all pages to healthierheart@gmhba.com.au via Secure File Transfer.

If you have any questions about the Healthier Heart at GMHBA program, please contact us via healthierheart@gmhba.com.au