



Happy Hearts Program Application Form

Personal Information:

Last Name: _____

First Name: _____

Phone: _____ DOB (DD/MM/YYYY) _____

PHN: _____

Previous hospital cardiac rehab program:

YES, at _____ in _____ (yr)

NO (If No, please complete below)

Family Dr: _____

Ph: _____

Fx: _____

Specialist: _____

Do you have heart disease? YES NO

Do you have a history of:

Heart attack

High blood pressure

Heart failure

Valve surgery

Angina

Bypass surgery

Diabetes

Irregular heart beat

Angioplasty

Peripheral Vasc disease

Please hand in completed form to the
Kensington Community Centre front office or
fax to VGH Centre for Cardiovascular Health at
(604) 875-5794