



HEALTHY HEART PROGRAM PREVENTION CLINIC REFERRAL

MAKE REFERRALS TO THE PREVENTION CLINIC FOR ANY OF:

- Cardiovascular risk assessment
- Known coronary disease/stroke/TIA
- Pre-Diabetes (IFG/IGT)
- Patients requiring high intensity lipid and preventive therapy to achieve targets
- Family history of severe/genetic dyslipidemia or premature vascular disease (men 55 or younger, women 65 or younger)
- Dyslipidemia
- Smoking cessation
- Family history of diabetes
- Statin/other lipid drug intolerance
- Unexplained premature vascular disease
- Peripheral vascular disease

All patients receive intensive risk factor assessment and counseling on family history, lifestyle, nutrition, exercise and smoking cessation from a nurse educator, dietitian and physician, with follow up to achieve recommended targets.

Fax Referral to clinic: 604-806-8590		We will contact the patient for appointment	
PATIENT INFORMATION			
Last Name:	First Name:	Initial:	
Address:			
City:	Province:	Postal Code:	
Telephone (Home):	(Work):		
PHN:	DOB: (DD/MM/YYYY)	Sex:	
MEDICAL HISTORY / RISK FACTORS			
<input type="checkbox"/> Cholesterol / Dyslipidemia	<input type="checkbox"/> Smoker	<input type="checkbox"/> Coronary artery disease	
<input type="checkbox"/> Obesity / Overweight	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Cerebral vascular disease	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical inactivity	<input type="checkbox"/> Peripheral vascular disease	
<input type="checkbox"/> Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT)	<input type="checkbox"/> Psychosocial factors	<input type="checkbox"/> Other	
<input type="checkbox"/> Family history of vascular disease (1 st degree relative 65 years or younger)			
REASON(S) FOR REFERRAL:			
MEDICATION Include dose. Please include lipid medication history if relevant.			
LABORATORY RESULTS Include copy of lipid profile results within last 6 months. (total cholesterol, triglycerides, HDL-cholesterol, LDL-cholesterol, ratio, fasting plasma glucose)			
CARDIAC TEST RESULTS Include copy of stress test(s) (within 1 year), electrocardiogram echocardiography, angiogram.			
REFERRING PHYSICIAN	Office Address/Phone		

