

**HEALTHY HEART PROGRAM
PREVENTION CLINIC REFERRAL**



Cardiology Referral

St. Paul's Hospital B180, 1081 Burrard Street, Vancouver, BC **Phone:** 604-806-8591 **Fax:** 604-806-8590 **www.heartcentre.ca**

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.

TELEHEALTH VISIT CONSULTS ARE AVAILABLE → **Telehealth Visit Consult requested**

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

- Cholesterol / Dyslipidemia
- Obesity / Overweight
- Diabetes
- Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT)
- Smoker
- Hypertension
- Physical inactivity
- Psychosocial factors
- Family history of vascular disease (1st degree relative 65 years or younger)
- Coronary artery disease
- Cerebral vascular disease
- Peripheral vascular disease
- Other

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