Providence HEALTH CARE

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

HEART CENTRE
PROVIDENCE HEALTH CARE

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)
- Dyslipidemia
- Smoking cessation
- Family history of diabetes
- Statin/other lipid drug intolerance
- Unexplained premature vascular disease
- Peripheral vascular disease
- 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)

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

- ☐ 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 Inlude 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

Form No. HH047 (R. Feb 17-15)