

VASCULAR PREVENTION & LIPID CLINIC REFERRAL FORM



PLEASE FAX FORM TO 604-870-9715 WE WILL CONTACT PATIENT FOR APPOINTMENT

Patient Information		
Last Name:	First Name:	Initial:
Address:		
City:	Province:	Postal Code:
Telephone (Home):	(Work):	
PHN:	DOB: (DD/MMM/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)	<input type="checkbox"/> Psychosocial factors	<input type="checkbox"/> Other
<input type="checkbox"/> Family history of vascular disease (1 st degree relative 65 years of age or younger)		
Other Medical History		
Medications	Please include dose and lipid medication history if relevant.	
Laboratory Results	Please include copies of lipid profile results within last 12 months. (Total cholesterol, triglycerides, HDL-cholesterol, LDL-cholesterol, ApoB, Lp(a), Hba1c)	
Cardiac Test Results	Please include copies of relevant diagnostic tests.	
Please Describe Reason for Referral		
<p>Please select all that apply:</p> <p><input type="checkbox"/> Cardiovascular risk assessment</p> <p><input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Statin/other lipid Rx intolerance <input type="checkbox"/> Elevated Lipoprotein(a)</p> <p><input type="checkbox"/> Unexplained premature vascular disease <input type="checkbox"/> Multiple cardiovascular risk factors</p> <p><input type="checkbox"/> Patients requiring novel lipid therapy (PCSK9/Inclisiran) to achieve targets</p> <p><input type="checkbox"/> Family history of severe/genetic dyslipidemia or premature vascular disease (men < 55, women < 65)</p> <p style="text-align: center;">All patients receive comprehensive risk factor assessment and counseling on family history, lifestyle modification and pharmacologic therapy with clinical follow up to achieve recommended targets.</p>		

Referring Physician

MSP / Office Address