



PLEASE FAX FORM TO 604-875-5504

WE WILL CONTACT PATIENT FOR APPOINTMENT

Patient Information

Last Name: _____ First Name: _____ Initial: _____

Street: _____ City: _____ Province: _____ Postal Code: _____

Telephone (Home): _____ (work): _____ (cell) _____

Email: _____

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

Today's Date: _____ Primary Care Provider: _____ Medical ID# _____

Medication

Include dose. Please include lipid medication history if relevant.

Laboratory Results

Include a copy of lipid profile results within last 6 months.
(TC, HDL, LDL, CRP, TSH, GFR, HgBA1C, Urine ACR)

Cardiac Investigations

Include a copy of any relevant cardiac tests that have been done
(ie- stress tests, MIBI, ECG, echocardiogram, carotid dopplers)

I would like myself / my patient to be seen for the following:

- Palpitations/Syncope Work-Up
- Chest Pain/Dyspnea Work-Up
- Work-Up of Abnormal Cardiac Tests (MIBI, GXT, Echo etc.)
- Chest Pain with normal coronary arteries
- PCOS
- Cardiovascular Risk Assessment
- Coronary Artery Disease
- POTS

All patients will be triaged and receive an initial consultation with a nurse practitioner or a cardiologist. Intensive risk factor assessment and counseling on family history, lifestyle, nutrition, exercise, and smoking cessation, with follow-up as needed to achieve recommended targets will also be offered on an as needed basis. Patients will be referred to other appropriate services as needed including women's only rehab, social worker and dietician.

Referring Healthcare Provider:

Office Address / Phone: