



**PLEASE FAX FORM TO 778-504-9785**

**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: