UNIVERSITY OF OTTAWA HEART INSTITUTE
INSTITUT DE CARDIOLOGIE DE L'UNIVERSITÉ D'OTTAWA

CardioPrevent®
Heart Health Program

Prevention and Wellness Centre
Phone: 613-761-4753

REFERRAL FORM

Fax: 613 761-5309

ALL FIELDS ARE MANDATORY

Program Description:
The *CardioPrevent* Program is an innovative, evidence based program that **aims to lower the risk of CVD**:
Inclusion Criteria: Patients who are at a moderate to high risk for cardiovascular disease (CVD) based on the Framingham Risk Score or receiving lipid lowering therapy.
Exclusion: Patients with known cardiovascular disease and/or cerebrovascular disease.

Over a one year period, *CardioPrevent* staff will guide participants through a novel, customized lifestyle program based on their personal risk factor profile.
Ordinarily the lifestyle intervention *does not include* the provision or prescription of any medication or consultation with UOHI medical staff.

Date (yyyy/mm/dd) / /	Surname	First Name	DOB (yyyy/mm/dd) / /

Health Card No.	Version Code	Expiry date	☐ Female ☐ Male	☐ French ☐ English

Address	City, Province	Postal Code

Telephone No (Home): (Alternative):

Clinical Indications (all fields are mandatory)

Blood Pressure _____mmHg

Diabetic?	☐ Yes	☐ No
Dyslipidemia?	☐ Yes	☐ No
Treated with lipid lowering therapy/medication?	☐ Yes	☐ No
Treated with antihypertensive medication?	☐ Yes	☐ No
Smoking Status?	☐ Smoker ☐ Quit more than 6 months ago	☐ Quit in the past 6 months ☐ Non-smoker, never smoked
Patient's first degree relatives (parents, sisters, and brothers), including living and deceased, diagnosed with cardiovascular disease before the age of 60 years?	☐ Yes	☐ No

Results of recent blood values (within the past 3 months) – all fields mandatory

Total Cholesterol: _____mmol/L

LDL-C: _____mmol/L

HDL-C:_____mmol/L

TC/HDL-C:_____mmol/L

Triglycerides _____mmol/L

Fasting Glucose: _____mmol/L

HbA1C_____%
(Note: this INCLUDES non-diabetic patients)

Medical history and/or specific concerns with this patient:

_____

_____

Physician/Nurse Practitioner Name (Print)	Physician/Nurse Practitioner Signature	Return to: **Attn: CardioPrevent Program** Fax: 613-761-5309 Email: pwc@ottawaheart.ca Mail: University of Ottawa Heart Institute Prevention and Wellness Centre, RmH2353 40 Ruskin St, Ottawa, ON K1Y 4W7 Information: Tel 613-761-4753
Address _____ _____ _____ _____	Telephone Fax	