



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

PREVENTION & WELLNESS CENTRE
CENTRE DE LA PRÉVENTION
ET DU MIEUX-ÊTRE

Prevention and Wellness Centre
Phone: 613-696-7071

REFERRAL FORM
Fax: 613-696-7194

ALL FIELDS ARE MANDATORY

Our primary prevention programs (CardioPrevent and CardioPrevent Postpartum) are evidence based programs that **aim to lower the risk of cardiovascular disease (CVD)** in participants with **no known CVD and/or cerebrovascular disease**. During the programs, our 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	<input type="checkbox"/> Female <input type="checkbox"/> Male
			<input type="checkbox"/> French <input type="checkbox"/> English
Address		City, Province	Postal Code
Telephone No (Home):		(Alternative):	

Clinical Indications – All fields 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 in the past 6 months
 Quit more than 6 months ago 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 55 in the males or before the age of 65 in the females? Yes No

Results of recent blood values (within the past 6 months) – All fields mandatory

Total Cholesterol: _____ mmol/L (date) Triglycerides _____ mmol/L (date)

LDL-C: _____ mmol/L (date) Fasting Glucose: _____ mmol/L (date)

HDL-C: _____ mmol/L (date) HbA1C _____ % (date)
(Note: this INCLUDES non-diabetic patients)

TC/HDL-C: _____ (date)

High Risk Women Postpartum (*Fields are mandatory for postpartum ONLY)

*Severe preeclampsia *Non-severe preeclampsia *Gestational hypertension *Gestational diabetes

*Expected Due Date or Delivery Date: _____

Medical history and/or specific concerns with this patient:

Physician/Nurse Practitioner Name (Print)	Physician/Nurse Practitioner Signature	Return to: Attn: Prevention and Wellness Centre Fax: 613-696-7194 Email: pwc@ottawaheart.ca Mail: University of Ottawa Heart Institute Prevention and Wellness Centre, RmH-S112 40 Ruskin St, Ottawa, ON K1Y 4W7 Information: Tel 613-696-7071
Address	Telephone	
	Fax	