St.Mary's PREVENT CLINIC
Powered by Manulife

Medical Building 2 /435 Boardwalk / Suite 308
Tel: 226-806-5911 / Fax: 226-806-5912
https://www.smgh.ca/prevent-clinic
preventclinic@smgh.ca

PATIENT INFORMATION

First Name: _____ **Last Name:** _____

Birth Date: _____ **Gender:** ◯ **Male** ◯ **Female** ◯ **Other**

Address: _____

City: _____ **Country:** _____ **POSTAL CODE** _____

Email: _____ **Cell Phone:** _____

PREVENT Clinic Referral Form

Also refer via Cerner orders or OCEAN eReferrals > "St. Mary's General Hospital - PREVENT Clinic"

Indications (select all that apply):

Patients identified at high risk of developing cardiovascular disease, must have 2 or more cardiovascular risk factors

- ◯ **Type 2 diabetes mellitus or history of gestational diabetes**
- ◯ **Hypertension or history of preeclampsia or hypertensive disorder of pregnancy**
- ◯ **Dyslipidemia**
- ◯ **Family history of early-onset coronary disease (age < 60.y.o.) in a first degree relative**
- ◯ **Current smoker**

*Please include relevant clinical notes, current medication list, blood work or investigations (e.g. BPMH, hospital admission/discharge summaries and/or office clinical notes.)

REFERRING PROVIDER:

Print Name: _____ **Date:** _____

Signature: _____ **Fax:** _____