

PREVENT Clinic Tel: 226-806-5911 Fax: 226-806-5912

Last Name, First Name	Date of Birth (DD/MM/YY)
Address	
Health Card Number	Home Phone

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

NOTE: At this time, these clinic services are available for residents of Kitchener-Waterloo & townships, Guelph and Stratford area.

PREVENT Clinic Referral Form (or via OCEAN eReferrals)

Indications (select all that apply):

- r Patients <u>without a primary care provider</u>, identified at high risk of developing cardiovascular disease, must have 2 or more cardiovascular risk factors:
- o Previously diagnosed OR incidental new diagnosis of Type 2 diabetes mellitus
- o Hypertension (>180mmHg in a single ED visit, or >140mmHg on greater than three daily assessments during hospitalization)
- o Dyslipidemia or confirmed Familial Hypercholesteremia (LDL-C 5.0mmol/L &/or 10-year global cardiovascular risk by Framingham Risk Score of 20%)
- o Family history of early-onset coronary disease (age < 60.y.o.) in a first degree relative
- Current smoker
- r Patients with a primary care provider, identified as high risk of developing cardiovascular disease, must have 3 or more cardiovascular risk factors, with at least 2 of which are sub-optimally controlled:
- o Type 2 diabetes mellitus
- Poorly controlled hypertension despite optimal doses of at least three anti-hypertensive medications – please list anti-hypertensive medications trialed in the past & rationale for discontinuation: