



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

CardioPrevent[®]
Heart Health Program

Prevention and Wellness Centre
Phone: 613-696-7071

REFERRAL FORM
Fax: 613-696-7194

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	<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 are mandatory)

Blood Pressure _____ mmHg		
Diabetic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dyslipidemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treated with lipid lowering therapy/medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treated with antihypertensive medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoking Status?	<input type="checkbox"/> Smoker <input type="checkbox"/> Quit more than 6 months ago	<input type="checkbox"/> Quit in the past 6 months <input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Total Cholesterol: _____ mmol/L	Triglycerides _____ mmol/L
LDL-C: _____ mmol/L	Fasting Glucose: _____ mmol/L
HDL-C: _____ mmol/L	HbA1C _____ %
TC/HDL-C: _____ mmol/L	(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: 613-696-7194 Email: pwc@ottawaheart.ca Mail: University of Ottawa Heart Institute Prevention and Wellness Centre, RmH2353 40 Ruskin St, Ottawa, ON K1Y 4W7 Information: Tel 613-696-7071
Address	Telephone	
_____ _____ _____	Fax	