Referral Form Heart Fit Clinic Vancouver

Fax: 604-330-4348 Tel: 604-330-4348 www.heartfit.ca

Patient Information

Last Name: _____

First Name: _____

DOB: _____/_____/_____
YY MM DD

Home Address: _____

PHN Number: _____

Contact Number: _____

Clinic Information

Clinic Name: _____

Referring Practitioner: _____

Fax Number: _____

Phone Number: _____

Date Referral Sent: _____/_____/_____
YY MM DD

Reason For Referral

❑ Primary Prevention
- ❑ Hypertension
- ❑ Dyslipidemia
- ❑ Diabetes / Pre-diabetes
- ❑ Overweight
- ❑ Inactivity

❑ Secondary Prevention

Cardiac Services

❑ Integrative Cardiac Assessment

❑ Cardiac Rehabilitation
- ❑ Clinical Exercise Program
- ❑ External Counterpulsation Therapy

❑ Echocardiogram

❑ Carotid Ultrasound

❑ 1–2-week Holter/ECG

❑ Private Cardiology

106 - 1126 Douglas Rd, Burnaby, BC V5C 4Z6
You will receive clinic updates on your patient's progress
Live happier, healthier … longer.