South West Health
Working Together for Better Health
Shelburne · Yarmouth · Digby

South West Health Cardiovascular Clinic

Physician/Health Care Provider Referral Form

Criteria For Referral: Check all that apply:

Pt has experienced one or more of the following:

- ☐ Post PTCA Date: __ / /
- ☐ STEMI Date: __ / /
- ☐ NSTEMI Date: __ / /
- ☒ Angina Date: 2014/05/16
- ☐ Post CABG Date: __ / /
- ☐ Stroke Date: __ / /
- ☐ TIA Date: __ / /
- ☐ Presented to ED with TIA (fax referral to 742-5170) Date: __ / /

(Please attach TIA order sheet when faxing & referral MUST be signed by Physician)

Affix Meditech label below if available

Name: Sample, Patient Beta
Phone: (902) 555-0248 work
Address: 123 Main St. Apt. 218
Dartmouth, NS B2B2B2
DOB: 1982/03/14 Age: 32 years
Family Physician: DR. FAMILY PHYSICIAN
Health Card # : 0001000009

Additional information AND/OR please forward a copy of history and physical:

Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia curae. Nullam cursus lectus id imperdiet molestie. Nulla facilisi. Cras luctus, ipsum id sollicitudin fringilla, felis arcu gravida enim, sed auctor tortor turpis ac ipsum. Nullam eget tempor neque. Integer dapibus feugiat ipsum. Nam posuere libero consectetur, scelerisque justo id, varius sem. Nulla dignissim hendrerit bibendum. Pellentesque tortor tortor, feugiat et tempor vitae, posuere eu justo. Fusce ac leo ac nulla blandit lobortis at eu lorem.

Medical Risk Factors:

- ☒ Diabetes Year of Dx: 1984
- ☐ Referred to DEC Date: __ / /
- ☐ HTN Year of Dx: _____

BP: 150/100 Date: 2014/05/29

- ☐ 24 hour BP monitor Date: __ / /
- ☐ Dyslipidemia Year of Dx: _____
- ☐ Arterial/Vascular Disease:
  - ☐ Carotid
  - ☐ Peripheral
  - ☐ Doppler _____ Date: __ / /
- ☒ Atrial Fibrillation: In tincidunt purus pharetra ligula.

Lifestyle risk factors:

- ☐ Smoking
- ☒ Overweight /obesity
- ☒ Unhealthy eating
- ☒ Physical Inactivity

Referring Source: DR. FAMILY PHYSICIAN

Suggested timeframe to be seen: _____

Signature: _____

Require physician signature for emergent & urgent TIA

Print Name: DR. REQUESTING PHYSICIAN

Date: 2014/05/29

Please send referral to the:
Cardiovascular Clinic, SWH Wellness Centre, 4th Floor – Building C
60 Vancouver Street, Yarmouth, NS B5A 2P5
Fax: 902-742-5170, Phone: 902-742-3542 ext. 460

Pink

Practimax Plus Facsimile

NU-406
2010/03

For Office Use Only: Date received: _____ Contacted: _____ Initial appt: _____ / _____

See reverse for referral guidelines