



HEALTHY HEART PROGRAM REFERRAL



MSXX104032A

Rev: Feb. 01/08

Page: 1 of 1

Burnaby Hospital Office: 604-412-6440
 3935 Kincaid Street Fax: 604-412-6189
 Burnaby, BC V5G 2X6 Nurse: 604-431-2834

PATIENT'S NAME: _____ DOB: (D/M/Y) _____
 ADDRESS: _____
 PHONE: (H) _____ OTHER: _____
 REFERRING DOCTOR: _____ PHN: _____
 ADDRESS: _____ PHONE: _____
 FAMILY DOCTOR: _____ CARDIOLOGIST/INTERNIST: _____
 PHONE: _____ FAX: _____

Please Note: In order for this referral to be processed, please attach

- Angiogram, PCI and Cardiac Surgery Reports
- Specialist Consultations
- List of Current Medications
- Lipid Profile & HbA1C if available
- Information on associated medical conditions

Program Use Only

Referral is for the following services (you can choose more than one on same referral)

- Cardiac Rehabilitation or Risk Reduction Program
(Includes Intake, Pharmacist, Dietician, Managing Specialist appointments)
- Lipid Clinic
- Nutritional Counselling *(Individual appointment with Dietician)*
- Heart Function (CHF) Clinic
- 24 hour Ambulatory BP Monitoring & Education

***DIABETES & PRE-DIABETES - PLEASE USE DIABETES REFERRAL FORM
 Diabetes Education Office: (604) 412-6139

Has this patient been informed of his/her referral? Yes No

Physician _____

Date _____