



# HEALTHY HEART PROGRAM REFERRAL



MSXX104032A

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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 \_\_\_\_\_