fraserhealth

HEART HEALTH NUTRITION EDUCATION REFERRAL

JIM PATTISON OUTPATIENT CARE AND SURGERY CENTRE

MSXX104751A Rev. May 27/11

JPOCSC **9750 140th Street Surrey, B.C. V3T 0G9** **Phone: (604) 582-4584** **Fax: (604) 582-4590**

Patient's Full Legal Name: _____
Last First Middle

Other Name(s) (if applicable): _____

Personal Health Number: _____ **Date of Birth:** ___/___/_____ (DD, MM, YYYY) **Gender: M** ☐ **F** ☐

Address: _____
Street City Province Postal Code

Home Phone No. _____ ☐ Okay to Call **Message Phone No.** _____

Insurance Type ☐ MSP ☐ WCB ☐ Out-of-Province ☐ Self-Pay Other: _____ RCMP or Armed Forces #: _____

Interpreter Required: ☐ **No** ☐ **Yes** **Language:** _____

REASON FOR REFERRAL (additional information if needed)

**** IMPORTANT ****
Please include the following labs with this referral:
Lipid profiles within the last 6 months (including Total cholesterol, LDL, HDL, Triglycerides, TC/HDL ratio, Fasting plasma glucose) along wtih any other relevant labs.

Clients referred will receive Heart Health Nutrition Education in a class setting with individual follow up available as requested by the client. If class instruction is inappropriate (i.e. language barrier) then instruction will be provided individually.

MEDICAL HISTORY: (relevant to nutrition intervention)

Family Physician (if different from referring source)

Name: _____

MSP #: _____

Phone: _____ Fax: _____

☐ Patient has no GP/NP

Referring Health Care Provider:

Name: _____

MSP #: _____

Phone: _____ Fax: _____

☐ GP ☐ Specialist ☐ NP ☐ Hospitalist ☐ ER ☐ Other

Referring Physician Signature: _____

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