

Heart Health Program

Urgent

Patient Information

Name: _____

Address: _____

Tel: _____ Email: _____

DOB: Weight: _____ Height: _____ HCN No. _____

m m d d y y y y

Heart Health Program Enrolment

 Fax completed form to 905-855-1863 or 1-877-564-3297

A multidisciplinary program led by a Cardiologist & Internist covering all aspects of heart disease prevention. Our program is dedicated to reducing the risk of heart disease and stroke through lifestyle modifications.

Reason for Referral: _____

Check appropriate risk factors to enroll the patient into the Heart Health Program.

- | | | |
|--|--|--|
| <input type="checkbox"/> Smoking History | <input type="checkbox"/> Sedentary Lifestyle | <input type="checkbox"/> Stable* Cerebrovascular Disease |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> High Stress | <input type="checkbox"/> Metabolic Syndrome |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes Mellitus | <input type="checkbox"/> Framingham Score > 10% |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Stable* Coronary Artery Disease | <input type="checkbox"/> Poor diet |
| | <input type="checkbox"/> Stable* Peripheral Artery Disease | |

Required for enrolment:

- Asymptomatic, no cardiac surgical procedures in the past year or planned for the coming year.
- 2 or more modifiable risk factors and/or Framingham risk score > 10% (assessed by Physician).

Please include:

- Recent labs (including lipids), last blood pressure measurement, any cardiovascular/vascular test results.
- List of medication and doses.

Important: Please bring your health card | A 48 hour notice is required for cancellation

Healthcare Practitioner Information

Surname: _____ Address: _____

First Name: _____ Billing No: _____

Email: _____ Tel: _____

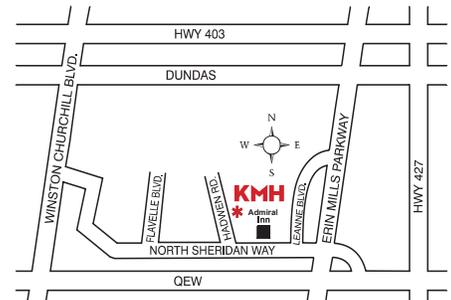
Referring Signature: _____ Fax: _____

_____ Referring Stamp:

CC'd: _____

Program Location

2075 Hadwen Road, Mississauga, ON



Program Highlights

i	Pro active prevention of heart disease which includes: Physical assessment, dietary and exercise plan.
ii	All test results and consultation reports with the Cardiologist and Internist are communicated to the referring Healthcare provider
iii	No cost to join the program (OHIP) and enrollment information is located on the KMH website.
iv	Program consists of approximately 4 visits over a 12 month period. Times may vary.

Fixed Risk Factors

i	Age	Male over 45; female over 55
ii	Ethnicity	E.g. South Asian, African American
iii	Family History	Immediate family member identified with heart disease Male under 55 or female under 65

Modifiable Risk Factors

i	High blood pressure
ii	Diabetes/Impaired fasting glucose/Insulin resistance
iii	Dyslipidemia (elevated and/or abnormal cholesterol levels)
iv	Tobacco Use (or exposure to 2nd hand smoke)
v	Overweight/Obesity/Unhealthy Diet
vi	Physical Inactivity
vii	High Stress
viii	Metabolic Syndrome (3 of the following): Abdominal Obesity, High Triglycerides, Low HDL Cholesterol, Hypertension, Impaired fasting glucose