Community Cardiovascular Hearts in Motion

Hearts & Health in Motion
Referral Form

Cardiovascular and Pulmonary Health in Motion Program

Phone: (902) 473-3846
Fax:(902) 473-3338

Site : Halifax ☐ Dartmouth ☐ Lower Sackville ☐

Patient _____DOB (Y/M/D) _____Health Card#_____

Address _____

Telephone (H) _____ (W) _____ (Cell) _____

What is the MAIN REFERRAL REASON? (Please circle one) 1., 2., 3. or 4.

Please Check ☑ <u>All Risk Factors</u> and/or <u>Conditions</u> listed below that apply:

1. Diabetes + 1 or more other Risk Factor(s)
- ☐ Smoking
- ☐ Hypertension
- ☐ Dyslipidemia

2. Three or more Risk Factors without Diabetes
- ☐ Smoking
- ☐ Hypertension
- ☐ Dyslipidemia
- ☐ Pre-Diabetes/IFG
- ☐ Renal vascular disease

3. Atrial Fibrillation:
- ☐ Poorly controlled Afib (poor rate control or difficulty with anticoagulation control)
- ☐ Afib with one or more risk factors as listed in previous sections #1 and #2
- ☐ Afib with established vascular disease

4. One or more of the Following
- ☐ Coronary Artery Disease
  Cardiac event_____
  Date:_____
- ☐ Cerebral Artery Disease (non-disabling stroke or TIA)
- ☐ Peripheral Artery Disease
- ☐ Congestive Heart Failure
- ☐ Valve Disease/ Replacement
- ☐ Other Heart/Vascular Disease
  _____

Special Considerations (Ex. Orthopedic limitations, cognitive or hearing impairments):

_____

_____

_____

Referring Healthcare Professional (Print or Stamp) Date: _____

nova scotia health authority