

Women's Heart Health Clinic Referral

Phone: 902-473-7383 / 902-473-6364

PLEASE FAX FORM TO 902-473-2434 WE WILL CONTACT PATIENT FOR APPOINTMENT

Patient Information	
Last Name: _____ First Name: _____ Initial: _____	
Street: _____ City: _____ Province: _____ Postal Code: _____	
Telephone (Home): _____ (Work): _____ (Cell) _____	
HCN: _____ DOB (DD/MM/YYYY) _____	
Today's Date: _____ Primary Care Provider: _____ MRN# _____	

Welcome to the Women's Heart Health Clinic – Please ensure all the following are included with the referral.

Medications	
Laboratory Results (most recent)	CBC, Lipids (TC, LDL, HDL, TG); Glucose, Creatinine, Electrolytes, TSH, HgbA1C
Cardiac Investigations	Include a copy of any relevant cardiac tests that have been completed (ie- stress tests, MIBI, ECG, Echocardiogram, CXR, Carotid Dopplers, Coronary Angiogram, CT's)

I would like my patient to be seen for the following: PLEASE CHECK ALL THAT APPLY

- SCAD (Spontaneous Coronary Artery Dissection)
- History of ACS (Acute coronary syndromes- heart attack, unstable angina) in women <55
- Stress cardiomyopathy
- History of Pregnancy Complications (Hypertensive Pregnancy Disorders (preeclampsia/toxemia), and Gestational Diabetes)
- PCOS (Polycystic Ovarian Syndrome)
- Autoimmune disorders (stable RA, SLE) in women (increased risk for atherosclerosis)
- Breast Cancer patients undergoing chemotherapy/radiation therapy with cardiotoxicity concerns
- Women with ≥ 3 cardiovascular risk factors (HTN, hyperlipidemia, smoking, diabetes, obesity) and/or positive family history CAD: Male first degree* relative <55, Female first degree* relative <65

Referring Healthcare Provider:
Office Address / Phone _____

