



VASCULAR RISK AND PREVENTION CLINIC REFERRAL FORM

Advanced secondary prevention for patients with high risk ASCVD

Phone Number: 250-370-8111 ext. 12099
Please fax completed forms to 250-370-8267
Location: Royal Jubilee Hospital, Royal Block, 3rd Floor

DATE OF REFERRAL:
REFERRING PHYSICIAN:
PATIENT DEMOGRAPHICS:

Pertinent medical history:

INDICATION FOR REFERRAL:

CAD:

- PREMATURE CAD (M<55, F<65)
- PRIOR REVASCLARIZATION (PCI/CABG)
- RECURRENT ACS EVENTS

PAD:

- CLAUDICATION
- PRIOR REVASCLARIZATION
- RECURRENT LIMB EVENTS

DYSLIPIDEMIA:

- SUSPICION OF GENETIC DYSLIPIDEMIA (LDL>5Mm)
- INABILITY TO ACHIEVE TARGET LDL
- CONSIDERATION FOR ADVANCED LIPID LOWERING THERAPY

ANTITHROMBIC THERAPY:

- CONSIDERATION FOR ADVANCED ANTITHROMBIC THERAPY