

NSFHT Heart Health Program Referral



north simcoe
family health team

619 Prospect Blvd, Suite 3. Midland ON L4R-0G3

T: 705-526-7804 F: 705-526-1205

Patient Information

Name:

DOB:

OHIP #:

Address:

Phone:

Cell:

Reason For Test - Please check all that apply:

Referral Date:

- 24hr ABPM BP TRU
- BP monitoring following medication initiation or change
- Hypertension and/or heart health education
- Other

Does patient have a diagnosis of hypertension? Yes No

Brief History:

*****PLEASE ATTACH THE FOLLOWING TO THIS REFERRAL*****

- CURRENT medication list Copy of most recent lipid profile

Primary Care Provider Signature:

Referring Clinician Information

Name: _____ #:

Phone:

Fax:

Address:

For more information, call Lindsay: 705-526-7804 x 239

Please fax completed referral to : 705-526-1205