north simcoe family health team

619 Prospect Blvd., Suite 3
Midland, ON L4R 0G3
Phone: 705-526-7804
Fax: 705-526-1205

Heart Health Program Referral

Referral date:

Patient information:

Name: Sex: DOB (MM/DD/YYYY):
Address: City: Postal Code:
Phone: Cell:
Health Card Number: VC: Email:

Reason for test – Please check all that apply:

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

Does the 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

Referring Health Care Provider Information:

Provider Name: Phone: Fax:
Office Address: City: Postal Code:
Billing Number: Family Physician (if different):

Signature: Date:

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

Please fax the completed referral to our office at (705) 526-1205