



North Shore Lipid Clinic

www.northshorelipidclinic.com

- First Available Physician
- Dr. Naveen Sandhu
- Dr. Adam Chruscicki

200 - 101 West 16th Street
North Vancouver, BC V7M 1T3
Phone: 604-904-0810

REFERRAL FORM

Patient Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
DOB:	PHN:		
Home Phone:		Cell:	
Referring MD:		MSP:	
Clinic Phone:		Clinic Fax:	

MEDICAL HISTORY/RISK FACTORS

<input type="checkbox"/> High Cholesterol/Dyslipidemia	<input type="checkbox"/> Obesity
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Diabetes/Impaired fasting sugar
<input type="checkbox"/> Cerebral Vascular Disease	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Smoker
<input type="checkbox"/> Family History of Cardiovascular Disease	<input type="checkbox"/> Other: _____

REASON FOR REFERRAL

<input type="checkbox"/> Cardiovascular Risk Assessment/Primary prevention
<input type="checkbox"/> Familial Hypercholesterolemia
<input type="checkbox"/> Statin or other Lipid Rx Intolerance
<input type="checkbox"/> Consideration of non-statin lipid lowering therapies
<input type="checkbox"/> Hypertriglyceridemia
<input type="checkbox"/> Difficult to achieve lipid targets
<input type="checkbox"/> Other: _____

Please Fax referral to: **604-904-0812**

Please include **lipid profile results within the last 6 months**

Please include previous **ECG, stress test, MIBI, Cardiac CT, echocardiogram, angiogram**

The patient will be contacted directly for appointment scheduling.