


## NSFHT Heart Health Program Referral

 <p>north simcoe family health team</p> <p>952 Jones Rdl, Suite A. Midland ON L4R-0G1 T: 705-526-7804 F: 705-526-1205</p>	<b>Patient Information</b>  Name: <input type="text"/> DOB: <input type="text"/> OHIP #: <input type="text"/> Address: <input type="text"/>  Phone: <input type="text"/> Cell: <input type="text"/>
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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