



# 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, 3<sup>rd</sup> Floor

DATE OF REFERRAL:  
REFERRING PHYSICIAN:  
PATIENT DEMOGRAPHICS:

***Pertinent medical history:***

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**INDICATION FOR REFERRAL:**

**CAD:**

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

**PAD:**

- CLAUDICATION
- PRIOR REVASCULARIZATION
- 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