



## Patient Referral

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

PHIN: \_\_\_\_\_

**To be eligible for this program, your patient must meet the following criteria:**

- Woman, aged 30 or older, lives in Manitoba
- Framingham Risk Score  $\geq$  10%
- No diagnosis of Cardiovascular Disease
- Not taking antihypertensive medication

**Her Heart is a 12-month behavioural mentoring program designed for women with the goal of reducing risk of cardiovascular disease.**

**As the Primary Care Provider expect to:**

- Provide your patient with three post-dated blood requisitions for today, in six months and in 12 months. (Blood work must be taken within six weeks of program milestones)
- Blood Tests required:
  - Total Cholesterol
  - HDL
  - LDL
  - Cholesterol Ratio (Total cholesterol/HDL-C)
  - Triglycerides

**The Primary Care Provider can expect:**

- Communication from the program detailing your patient's progress

**The Patient can expect:**

- A phone call from a Lifestyle Behaviour Mentor upon review of your referral and blood work results.

**Please provide the patient's Framingham Risk Score:**

Risk Factor	Value		
Sex	Female		<b>Risk of heart disease in 10 years:  _____ %  Must be 10% or higher</b>
Age	_____ years		
Smoker	Yes      No		
Diabetes	Yes      No		
Blood Pressure	___ / ___ mm Hg		
Blood Pressure is Treated	Yes      No		
Total Cholesterol	_____ mmol/L		
HDL Cholesterol	_____ mmol/L		
CVD family history in first degree relatives before 55 for males or 65 for females	Yes      No		

**Specific Instructions/Restrictions/Requests:**

\_\_\_\_\_  
Primary Care Provider Name (Please Print)

\_\_\_\_\_  
Primary Care Provider Phone Number

**Send this referral through EMR,  
fax or print and hand to your patient**

AFG & RHFG MyHT Primary Care Providers: Fax to: 204-940-7090  
All others to Reh-Fit Centre: Fax to: 204-928-7690