Print Clear Form

Providence HEALTH CARE

RAPID ACCESS VASCULAR MEDICINE CLINIC REFERRAL

* 8 6 3 2 *

Internal Medicine Referral

Patient name: _____

PHN: _____ ☐ Male ☐ Female

DOB: _____ ☐ Other: _____
(dd/mmm/yyyy)

This clinic provides rapid and comprehensive Internal Medicine care for patients with or at risk for vascular disease. We focus on evaluation and management of sub-optimally controlled vascular risk factors, incidental atherosclerosis found on imaging, demand ischemia/type 2 MI in multi-morbid patients and myocardial injury after non-cardiac surgery (MINS)

DATE OF REFERRAL: _____

REFERRED FROM:

☐ Emergency Department: _____

☐ Inpatient unit: _____

☐ GP or NP: _____

☐ Specialist: _____

All referrals will be triaged and prioritized

Patient address: _____

City: _____ Province: _____

Postal code: _____ Email: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Mobility: ☐ Wheelchair ☐ Other: _____

☐ Interpreter required Language: _____

URGENCY:

☐ **Urgent** (within 2 weeks) Reason: _____

☐ **Within 1 month**

☐ **Non-urgent**

REASON FOR REFERRAL: _____

Check all that apply:

☐ Dyslipidemia	☐ Metabolic Syndrome	☐ Peripheral Arterial Disease
☐ Hypertension	☐ Obesity	☐ Stroke / TIA
☐ Diabetes	☐ Family history of atherosclerosis	☐ Coronary Artery Disease
☐ Chronic Kidney Disease	☐ Surgery within 1 month	☐ Myocardial Infarction
☐ Smoking	☐ Arterial calcification on imaging	☐ Demand Ischemia

Was patient admitted to Internal Medicine / CTU recently? ☐ No ☐ Yes - Physician: _____

REFERRING PROVIDER:

Printed name: _____ MSP #: _____

Phone: _____ Fax: _____

FAMILY PHYSICIAN: ☐ Same as above

Printed name: _____ MSP #: _____

Phone: _____ Fax: _____

STAMP

***This referral will be triaged. For prompt booking, ensure all sections are fully completed.**
Please include medication list, and any imaging, consult notes NOT accessible on CareConnect.

FAX COMPLETED REFERRAL TO: 604-806-9057

Location: St. Paul's Hospital, Rapid Access Specialist Clinic
Rm 5900, 5th floor Burrard Building, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6
Phone: 604-806-8735

These clinics are affiliated with UBC Faculty of Medicine and for this reason clinic patients should expect their visit could include a medical student or resident.