



WRHN
PREVENT CLINIC

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📍 Medical Building 2 /435 Boardwalk / Suite 308

Tel: 226-806-5911 / Fax: 226-806-5912

🌐 <https://www.smgh.ca/prevent-clinic>

✉ preventclinic@smgh.ca

PATIENT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender: Male Female Other

Address: _____

City: _____ Country: _____ POSTAL CODE _____

Email: _____ Cell Phone: _____

PREVENT Clinic Referral Form

Also refer via Cerner orders or OCEAN eReferrals > "Waterloo Regional Health Network (WRHN)
@ The Boardwalk - PREVENT Clinic"

Indications (select all that apply):

Patients identified at high risk of developing cardiovascular disease, must have 2 or more cardiovascular risk factors

- Type 2 diabetes mellitus or history of gestational diabetes
- Hypertension or history of preeclampsia or hypertensive disorder of pregnancy
- Dyslipidemia
- Family history of early-onset coronary disease (age < 60.y.o.) in a first degree relative
- Current smoker

*Please include relevant clinical notes, current medication list, blood work or investigations (e.g. BPMH, hospital admission/discharge summaries and/or office clinical notes.)

REFERRING PROVIDER:

Print Name: _____

Date: _____

Signature: _____

Fax: _____