



**Now serving two locations!**

Please select the office where your patient prefers to be seen.

<input type="checkbox"/> <b>Brampton</b> #301-3 Conestoga Drive Brampton, ON L6Z 4N5 <b>Fax: 905-456-8885</b> Phone: 905-452-6213	<input type="checkbox"/> <b>Toronto</b> #300-840 Coxwell Avenue Toronto, ON M4C 5T2 <b>Fax: 416-406-9951</b> Phone: 416-406-0101
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Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Referral Criteria:**

**South Asian Origin:**

- Men over age 30
- Women over age 40

*(Younger patients may be referred based upon clinical discretion)*

**With at least one of the following:**

- Hypertension
- Dyslipidemia
- Diabetes
- Abdominal Obesity / Metabolic Syndrome
- Smoking history
- Family History of CVD (in first degree relative <60 years of age)

**Preferred Spoken Language:**

Hindi  Punjabi  Urdu  Gujarati  Tamil  English  Other: \_\_\_\_\_

\*\*\*NOTE: Patients with prior/existing cardiac disease, cardiopulmonary symptoms or requiring cardiology assessment should not be referred to this risk assessment clinic but instead be referred to either Osler Cardiology Associates in Brampton or Dr. Mohammad Zia in Toronto for cardiology consultation.

Referring MD's Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring MD's Billing Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring MD's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fax with all relevant blood work from the past 3 months (CBC, Lytes, Lipids and A1C)  
A visit summary will be sent to the referring physician.*

