



HRN / MRN:  PHN / ULI

Last Name:  Gender:

First Name:  Age YRS:

Place patient label here

Weight Kg:

Height cm:

**Hypertension Dyslipidemia Clinic –  
UAH GIM New Patient Referral Form**

**Urgent appointment requested (if No, then next earliest appointment available):**  Yes  No

<b>PATIENT INFORMATION (supplemental):</b>	<b>Date of Referral:</b> _____
<b>Address:</b> _____	<b>Postal Code:</b> _____
<b>Phone #(home):</b> _____	<b>(business):</b> _____
	<b>(mobile):</b> _____
<b>Family Physician:</b> _____	

**REASON FOR REFERRAL (check all that apply):**

- Uncontrolled hypertension despite use of 3 medications    
  Young (<40yr) hypertensive patient    
  Recent hypertensive emergency or urgency  
 Medication intolerance    
  Dyslipidemia    
  Patient request

Other (please specify): \_\_\_\_\_

**HISTORY:**

**CURRENT MEDICATIONS:**

Name	Dose	Name	Dose

**CURRENT INVESTIGATIONS: (please fax with form)**

- Emergency Department chart    
  ECG (fax if referral request for next day)    
  Consult letters  
 Summary of BP measurements in the ED    
  Antihypertensive treatment provided

**REFERRING PHYSICIAN INFORMATION:**

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Referring Physician: EP: \_\_\_\_\_ ; RES: \_\_\_\_\_ M.D.     Signature: \_\_\_\_\_ M.D.

**Please fax this form and additional documents to the Hypertension Dyslipidemia Clinic (780) 492-7277**

**TO BE COMPLETED BY HYPERTENSION CLINIC STAFF:**

Date of Clinic Appointment: \_\_\_\_\_ Physician Consulted: \_\_\_\_\_



HRN / MRN:	<input type="text"/>	PHN / ULI	<input type="text"/>
Last Name:	<input type="text"/>	Gender:	<input type="text"/>
First Name:	<input type="text"/>	Age YRS:	<input type="text"/>

Hypertension Dyslipidemia Clinic –  
UAH Patient Information/Instructions

Place patient label here

Weight Kg:

Height cm:

**Appointment Date:**  
**Appointment Time:**

**Location:** 11400 University Ave (Kaye Edmonton Clinic), Clinic 3D, Edmonton (Please refer to the Map)

1. You will be contacted by the Hypertension Dyslipidemia Clinic (HDC) within 1-2 days with an appointment date and time.
2. Please arrive at least 15 minutes prior to your appointment for registration.
3. Please bring an updated medication list that you can leave with the specialist. Please include over the counter products, herbal treatments, etc.
4. If you do not have an updated medication list, please bring all of the medications you are currently using including any over the counter products, herbal treatments, etc.
5. You have been referred to see a General Internal Medicine Specialist to assess you. The specialist will not take over the care from your family doctor, but will provide a consultation to help your family doctor manage your symptoms. If you do not have a family physician at this time, please make arrangements to obtain one.

