

Referral Form

It is time to get On Track! The Vascular Improvement Program (VIP); Kamloops Mental Health and Substance Use (MHSU); and the City's Community and Protective Services Department are bringing the highest quality exercise and education programming to Kamloops. Our goal is to help participants to make lifestyle changes to reduce cardiovascular risk. Located at the Tournament Capital Centre, 10-12 weeks of goal setting with physiologists, ACSM Certified Clinical Exercise Specialists, and medical staff from the VIP and MHSU. Participants will have an opportunity to learn anti-depressant skills using Cognitive Behavioural Therapy principles.



Contact Information

Participant Name: _____ DOB: _____
Home Phone: _____ Work Phone: _____
Family Physician: _____ Physician Phone: _____

Reason for Referral

- Primary prevention** with the diagnosis of at least one of the following:
- | | |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Type I Controlled Diabetes | <input type="checkbox"/> Mild to Moderate Depression/Anxiety |
| <input type="checkbox"/> Type II Controlled Diabetes | <input type="checkbox"/> Metabolic Syndrome (according to the 2013 Canadian Diabetes Association guidelines) |
| <input type="checkbox"/> Stable Hypertension | |
| <input type="checkbox"/> Dyslipidemia | |

****This program takes place in a group setting. Please note that this program is only for patients without established vascular disease****

Clinician, how ready is the patient for a change? (circle a number on the Readiness Ruler)

1	2	3	4	5	6	7	8	9	10
Not Ready			Unsure				Ready		

Notes:

Form instructions: Complete each section of the referral form

Fax completed referrals along with any additional documentation to "On Track" at 250-314-2129

I concur with my patient's participation in the On Track exercise and education program.

Referring Physician or Nurse Practitioner: (please print) _____

Signature: _____ Date: _____



Vascular Improvement Program
PUT YOUR HEART INTO IT

On Track Program



Interior Health