

# 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 Parks, Recreation, and Cultural Services Department are bringing the highest quality exercise and education programming to Kamloops. Our goal is to help participants to reduce cardiovascular risk through lifestyle change. Located at the Tournament Capital Centre, 10-12 weeks of strength, flexibility, goal setting, and track walking sessions are supervised by ACSM Certified Clinical Exercise Specialists and medical staff from the VIP and MHSU. Information session topics focus on participants learning and using action planning for lifestyle change. 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\*\***

## Additional Information (Please only check in addition to the above section)

- |  |   |
|--|---|
| <input type="checkbox"/> Inactivity                        | <input type="checkbox"/> Increased stress level |
| <input type="checkbox"/> History of smoking                | <input type="checkbox"/> Mobility limitations   |
| <input type="checkbox"/> Asthma (without established COPD) |   |

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: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



On Track Program



Interior Health



**Vascular Improvement Program**  
PUT YOUR HEART INTO IT