These clinicians are affiliated with UBC Faculty of Medicine and for this reason clinic patients should expect their visit could include a medical student or resident.

**RAPID ACCESS VASCULAR MEDICINE CLINIC**

**REFERRAL**

This clinic provides rapid and comprehensive Internal Medicine care for patients with or at risk for vascular disease. We focus on evaluation and management of sub-optimally controlled vascular risk factors, incidental atherosclerosis found on imaging, demand ischemia/ type 2 MI in multi-morbid patients, and myocardial injury after non-cardiac surgery (MINS).

**DATE OF REFERRAL:**

**REFERRED FROM:**
- ☐ Emergency Department: ...........................
- ☐ GP or NP: ..............................
- ☐ Inpatient unit: ..............................
- ☐ Specialist: ..............................

**URGENCY:**
- ☐ Urgent (within 2 weeks) Reason: ..............................
- ☐ Within 1 month
- ☐ Non-urgent

**REASON FOR REFERRAL:**
Please check all that apply:

| ☐ Dyslipidemia | ☐ Metabolic Syndrome | ☐ Surgery within 1 month |
| ☐ Hypertension | ☐ Obesity | ☐ Arterial calcification on imaging |
| ☐ Diabetes | ☐ Family history of atherosclerosis | ☐ Peripheral Arterial Disease |
| ☐ CKD | ☐ Smoking | ☐ Stroke/ TIA |
| ☐ Smoking | ☐ Arterial calcification on imaging | ☐ Coronary Artery Disease |

Was patient admitted to Internal Medicine/ CTU recently? ☐ No ☐ Yes - Physician: ........................................

**REFERRING PROVIDER:**
Printed name: ........................................ MSP #: ........................................
Phone: ........................................ Fax: ........................................

**FAMILY PHYSICIAN:** ☐ Same as above
Printed name: ........................................ MSP #: ........................................
Phone: ........................................ Fax: ........................................

STAMP

This referral will be triaged. For prompt booking, ensure all sections are fully completed. *

*Please include medication list, and any imaging, consult notes not accessible on CareConnect.

**FAX COMPLETED REFERRAL TO:** 604-677-0600

Location: St. Paul’s Hospital, Rapid Access Specialist Clinic
Rm 5900, 5th floor Burrard Building, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6
Phone: 604-806-8735