



**ST. PAUL'S HOSPITAL
HYPERTENSION CLINIC
REFERRAL**



Internal Medicine
Referral

Patient name: _____
 PHN: _____ Male Female
 DOB: _____ Other: _____
 (dd/mmm/yyyy)

The Hypertension Clinic provides comprehensive diagnostic and management services for those with high blood pressure. General Internists at the Hypertension Clinic are certified Clinical Hypertension Specialists from the American Society of Hypertension and are Hypertension Canada guideline members. Please call the Hypertension RACE line at 604-696-2131 if you have any urgent questions.

DATE OF REFERRAL: _____

****All referrals will be triaged and prioritized***

Patient address: _____
 City: _____ Province: _____
 Postal code: _____ Email: _____
 Home phone: _____
 Cell phone: _____
 Work phone: _____
 Mobility aids: _____ Other concerns: _____
 Interpreter required Language: _____

URGENCY:

Urgent (within 2 weeks) Reason: _____
 Non-urgent

REASON FOR REFERRAL: (check all that apply)

- Uncontrolled blood pressure
- Hypertensive urgency (BP above 180/110 mmHg) or emergency (with acute organ damage)
- Resistant hypertension (BP uncontrolled despite the use of 3 antihypertensive agents)
- Early onset hypertension (age under 40 years)
- Investigation or management for secondary causes of hypertension
- Sudden onset of hypertension in the elderly (age above 65 years)
- Antihypertensive medication intolerances
- Other – please specify: _____

REFERRING PROVIDER:

Printed name: _____ MSP #: _____
 Phone: _____ Fax: _____
 Email: _____

FAMILY PHYSICIAN: Same as above

Printed name: _____ MSP #: _____
 Phone: _____ Fax: _____

STAMP

*** For prompt booking, ensure all sections are fully completed.
 Please include medication list, consult notes, and relevant investigations.**

FAX COMPLETED REFERRAL TO: 604-602-8661

**Location: St. Paul's Hospital, Hypertension Clinic
 Rm 5900, 5th floor Burrard Building, 1081 Burrard Street, Vancouver, BC, V6Z 1Y6
 Phone: 604-806-8735 Extension 2**