# PATIENT REFERRAL FORM

CHANGE
Canadian Health Advanced by Nutrition and Graded Exercise

*Patient Demographic Information (EMR Patient profile sticker can be used)*

Patient Name:_____

Home # :_____ Cell #_____

Address:_____

Date of Birth:_____dd/mm/yy_____Email:_____
*(only patients 18 yrs age or older are eligible)*

*Diagnosis* **Does your patient meet the criteria?**

| | |
|---|---|
| **Blood Pressure**<br>Systolic Blood Pressure | _____/_____*mm Hg* |
| On medication for high blood pressure | Yes / No |
| | |
| **Blood Glucose**<br>Fasting blood glucose | _____ *mmol/L* |
| Hemoglobin AIC | _____*%* |
| On medication for high blood sugars | Yes / No |
| | |
| **Triglycerides**<br>High triglycerides | _____*mmol/L (fasting/nonfasting)* |
| On medication for high triglycerides | Yes / No |
| | |
| **HDL-Cholesterol**<br>HDL-Cholesterol | _____ *mmol/L* |
| | |
| **Waist Circumference**<br>□ In Canadian and US whites, Europids, Africans, Mediterranean, Middle East ethnicity ≥ 94 cm in men, ≥ 80 cm in women<br>□ In Asians and South-Central American ethnicity ≥ 90 cm in men, ≥ 80 cm in women<br>□ Ethnicity Unclear or unknown ≥ 94 cm in men, ≥ 80 cm in women | _____ *cm* |

**AND /OR**

Your patient was diagnosed with invasive stage I, II or III breast cancer more than 2 years ago Yes / No
**AND**
Your patient has undergone one or more of the following procedures and/or treatments:

- breast surgery
- chemotherapy
- radiotherapy

Yes / No

*Medical History*

This data will be used to calculate the PROCAM score which determines the 10-year risk of having a cardiac event and to identify those with a history of myocardial infarction/angina

| | *Please circle the correct answer* | |
|---|---|---|
| Is the patient diagnosed with diabetes mellitus? | YES | NO |
| Does the patient currently smoke? | YES | NO |
| Does the patient have a family history of myocardial infarction? | YES | NO |
| Does the patient have a history of myocardial infarction? | YES | NO |

Ontario Trillium Foundation / Fondation Trillium de l'Ontario
An agency of the Government of Ontario / Un organisme du gouvernement de l'Ontario

Quebec Breast Cancer Foundation

MetSC METABOLIC SYNDROME CANADA

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*Additional notes from Referring MD including supporting blood work for blood sugars and lipid profile:*

_____

_____

_____

*Referring Physician Information ( MD Stamp can be used)*

Physician Name:_____

Clinic Address:_____Contact Tel no:_____ Fax no:_____

Physician Signature:_____

**FAX THIS FORM TO – 1-855-933-1187**

## The CHANGE Program

The CHANGE Program was created by leading health professionals at Metabolic Syndrome Canada to provide family medicine clinics with the tools they need to offer effective, lasting lifestyle intervention to patients with metabolic syndrome.

Based on evidence from diet and exercise research, the CHANGE Program focuses on long-term changes and overall well-being. It simultaneously targets the conditions that often progress to high blood pressure, heart disease, stroke, and diabetes, while reducing the need for medication.

## Simple intervention with a big impact

A national study has examined participant outcomes in the CHANGE program. Prior to enrolling, approximately 60% of participants had underlying conditions to metabolic syndrome that were not adequately managed with medication. While taking part in the CHANGE Program, 19% of patients experienced a reversal of one or more metabolic syndrome conditions, and a further 42% demonstrated improvement in their diet and exercise scores. Participating in the CHANGE program was associated with a reduction in the 10-year risk of having a heart attack.

The expansion of the CHANGE Program in the Halton-Peel region is funded through the Ontario Trillium Foundation and Quebec Breast Cancer Foundation.

www.metabolicsyndromecanada.com info@metsc.ca

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