



Appleton Clinic
 Cardiometabolic Health
 General Internal Medicine

NAME: _____
 DOB: _____ / _____ / _____
YYYY MM DD
 HEALTH CARD: _____ VC: _____
 PHONE: (____) - _____ - _____

Tel: 519-663-3071 Fax: 519-663-3073

The Appleton Clinic is focused on helping patients achieve optimal cardiometabolic health & well-being. We apply a comprehensive risk-stratification approach, followed by additional testing, lifestyle intervention, and medical management to reduce the long-term risk of adverse cardiovascular events and to increase healthspan. We also provide diagnostic and therapeutic General Internal Medicine services for our patients with evidence of, or established, organ-system disease.

We **DO NOT** accept referrals for non-specific symptoms including generalized fatigue, weakness, light-headedness/dizziness/spells, or “multiple complaints”.

Referring MD: _____ OHIP Billing #: _____

Signature: _____ Date: _____

Reason for referral: _____

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Primary prevention | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Secondary prevention | <input type="checkbox"/> Chronic kidney disease |
| <input type="checkbox"/> Metabolic syndrome | <input type="checkbox"/> Dyslipidemia |
| <input type="checkbox"/> Insulin resistance | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sleep apnea |

Description:

**Please attach the patient’s CPP including an up-to-date medication list, recent relevant lab work and investigations, and comorbidities