



WRHN
PREVENT CLINIC

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📍 Medical Building 2 /435 Boardwalk / Suite 308

Tel: 226-806-5911 / Fax: 226-806-5912

🌐 <https://www.wrhn.ca/prevent-clinic>

✉ preventclinic@wrhn.ca

PATIENT INFORMATION

First Name: _____ Last Name: _____

Birth Date: _____ Gender: Male Female Other

Address: _____

City: _____ Country: _____ POSTAL CODE: _____

Email: _____ Cell Phone: _____

***Please include relevant clinical notes, current medication list, blood work or investigations (e.g. emergency department & BPMH, hospital admission/discharge summaries and/or office clinical notes.**

WATERLOO-WELLINGTON DIABETES PREVENT Clinic Referral Form

Patient seen at DEC for: Prediabetes Type 2 diabetes History of gestational diabetes

Indications (select all that apply):

Patients identified at high risk of developing cardiovascular disease, must have 2 or more cardiovascular risk factors:

- Type 2 diabetes mellitus
- Hypertension
- Dyslipidemia or confirmed Familial Hypercholesteremia
- Family history of early-onset coronary disease (age < 60.y.o.) in a first-degree relative
- Current smoker

Please ensure the following:

1. The patient is aware that the PREVENT clinic is a 3-month primary prevention clinic.
2. This patient does not have any previously diagnosed cardiac conditions.
3. The patient is aware that the PREVENT clinic will not be responsible for any other primary care needs or ongoing prescription renewals.

Referring Diabetes Education Clinician:

Name: _____ Date: _____

Signature: _____ Fax: _____