FollowMD
ONGOING CARE FOR BRAIN AND HEART HEALTH

New Patient Referral Form*; please fax (toll-free) to: 1-855-395-0883

*Please include recent stroke clinic consult note(s).

RFR: [ ] Please see for ongoing vascular risk reduction (see below)
[ ] Other: _____

Referring doctor/RN name: _____

Referring doctor Fax #: _____

CPSO (or NP registration #): _____

Patient information **OR** **Patient stamp/sticker**

Patient Name: _____

Date of Birth (mm/dd/yyyy): _____

OHIP # and Version Code: _____

Phone number: _(_____)_____-_____

Mailing address: _____

_____

Patient e-mail address (if available): _____

Primary care doctor name: _____

Fax#: _____ [ ] Does not have a primary care doctor

Presenting issue: [ ] Ischemic stroke [ ] TIA [ ] Hemorrhage [ ] Aneurysm/AVM/VST
[ ] Peripheral artery disease [ ] Hypertensive disorders of Pregnancy
[ ] Other _____

What are your highest priorities for vascular risk reduction? (check any/all that apply):

[ ] Blood pressure management
[ ] Cholesterol/triglyceride reduction
[ ] Dietary counselling
[ ] Weight management
[ ] Medication adherence
[ ] Glucose control
[ ] Smoking cessation
[ ] Inactivity / Exercise planning
[ ] Sleep
[ ] Other _____

Phone (toll-free): 1-866-471-1021
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