



Interior Health

VASCULAR IMPROVEMENT PROGRAM (VIP)

Physician Referral

Phone: 250-314-2727 FAX: 250-314-2129

PATIENT INFORMATION		
Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (dd/mm/yy)
Street Address		PHN
City	Home Phone	Other Phone

SERVICE REQUESTED <i>(Please choose one program option)</i>																	
<input type="checkbox"/> Secondary Prevention Program Cardiovascular Risk Reduction Education, Symptom Management, Cardiac Rehab, Lifestyle Coaching <i>Please check all that apply:</i> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Coronary Artery Disease</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Myocardial Infarction</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Cardiac Surgery <input type="checkbox"/> CABG <input type="checkbox"/> Other</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Coronary Angioplasty / Stent</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Peripheral Arterial Disease</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Stroke / TIA</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Coronary Artery Disease	_____	<input type="checkbox"/> Myocardial Infarction	_____	<input type="checkbox"/> Cardiac Surgery <input type="checkbox"/> CABG <input type="checkbox"/> Other	_____	<input type="checkbox"/> Coronary Angioplasty / Stent	_____	<input type="checkbox"/> Peripheral Arterial Disease	_____	<input type="checkbox"/> Stroke / TIA	_____	<input type="checkbox"/> Primary Prevention Program For people with a Complex Cardiovascular Risk Profile: Cardiovascular Risk Reduction Education, Lifestyle Coaching <i>Please check all that apply:</i> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Dyslipidemia</td> </tr> <tr> <td><input type="checkbox"/> Hypertension</td> </tr> <tr> <td><input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2</td> </tr> <tr> <td><input type="checkbox"/> Metabolic Syndrome</td> </tr> </table>	<input type="checkbox"/> Dyslipidemia	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Metabolic Syndrome
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<input type="checkbox"/> Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2																	
<input type="checkbox"/> Metabolic Syndrome																	

OTHER CO-MORBIDITIES
<input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> COPD <input type="checkbox"/> OSA <input type="checkbox"/> Diabetes <input type="checkbox"/> Inflammatory Conditions <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____

PHYSICIAN CARE MANAGEMENT OPTIONS <i>(Please choose one of the following options)</i>
<input type="checkbox"/> VIP Clinic Physician consult and follow-up <i>(Patient will be seen by Clinic Physician and will receive ongoing support with VIP RN and team)</i>
<input type="checkbox"/> VIP Clinic Physician consult only <i>(One consult with VIP Clinic Physician and follow-up by patient's own MRP/ NP/ Specialist. Ongoing support with VIP RN and team)</i>
<input type="checkbox"/> RN Case Management Only <i>(Patient will receive ongoing clinic support with VIP RN and team and follow-up by patient's own MRP/ NP/ Specialist)</i> Please indicate the MRP/ NP and /or Specialist following this patient _____

ADDITIONAL SERVICE OPTIONS <i>(Patient must also be referred to Secondary or Primary Program above)</i>	
<input type="checkbox"/> Supervised Exercise Program	<input type="checkbox"/> Contraindications / Limitations to exercise If yes, please state: _____

COMMENTS
_____ _____ _____

REFERRING PROVIDER			
<table style="width: 100%;"> <tr> <td>Print Name</td> <td>Signature</td> <td>Date of Referral (dd/mm/yy)</td> </tr> </table>	Print Name	Signature	Date of Referral (dd/mm/yy)
Print Name	Signature	Date of Referral (dd/mm/yy)	
<input type="checkbox"/> Family Physician <input type="checkbox"/> Specialist <input type="checkbox"/> ER Physician <input type="checkbox"/> NP <input type="checkbox"/> Other: _____			

ACKNOWLEDGEMENT OF REFERRAL (WILL BE COMPLETED BY VIP STAFF)
<input type="checkbox"/> Your patient is booked for their first appointment on _____
<input type="checkbox"/> We require additional information _____ <input type="checkbox"/> Before we can book the appointment <input type="checkbox"/> Prior to the patient's appointment

Please fax both: Completed Referral AND Current Medication and Allergy list

Vascular Improvement Program (VIP) Service Description

Location and Hours of Operation

- The Vascular Improvement Program is located in Kamloops at Royal Inland Hospital, in the Clinical Services Building, Level 2
- The clinic is open Monday to Friday from 0800 – 1600 and is closed on weekends and statutory holidays

The Vascular Improvement Program (VIP)

Core Components

- All patients are seen by a VIP registered nurse and receive intensive cardiovascular risk management through a multidisciplinary program of health education, and counselling
- The VIP clinic involves a shared care role between the Patient, RN, MRP/NP and/or Specialist to optimize cardiovascular health
- Program Duration:
 - o Primary prevention: 6 months
 - o Secondary prevention: 12 months

Physician Care Options

- Referring physicians may choose from a variety options for VIP clinic physician involvement. VIP clinic physician involvement may also be available upon request once your patient is enrolled in the program

Supervised Exercise Program

- The gold standard Cardiac Rehabilitation Exercise program is supervised by a team of ACSM Certified Clinical Exercise Physiologists (Kinesiologists, Physiotherapists) and Registered Nurses. The program is run in accordance with the guidelines of the American College of Sports Medicine (ACSM) and the Canadian Association of Cardiac Prevention and Rehabilitation (CACPR)
- Please note that this is an additional service to the core VIP program and patients referred to the supervised exercise program will also be followed in the VIP Clinic
- The Supervised Exercise Program is located at the Tournament Capital Centre Indoor Track and Wellness Centre Gym Facility

Comprehensive Cardiovascular Risk Reduction and Management Programs

- Reduce Mortality by 20 – 30%
- Reduce hospitalization
- Are more cost effective than angioplasty or coronary artery bypass surgery
- Improve self-management skills, health and quality of life