

Referral Form



It is time to get On Track! The Vascular Improvement Program and the City's Parks, Recreation, and Cultural Services Department are bringing the highest quality exercise and education programming to Kamloops. Our goal is to reduce cardiovascular risk through lifestyle change. Located at the Tournament Capital Centre, 12 weeks of strength, flexibility, goal setting, and track walking sessions are supervised by ACSM Certified Clinical Exercise Specialists.

On Track Program

Contact Information

Participant Name: _____ DOB: _____
Home Phone: _____ Work Phone: _____
Family Physician: _____ Physician Phone: _____

Reason for Referral

- Primary prevention with the diagnosis of at least one of the following:
- | | |
|---|--|
| <input type="checkbox"/> Type I Controlled Diabetes | <input type="checkbox"/> Type II Controlled Diabetes |
| <input type="checkbox"/> Stable Hypertension | <input type="checkbox"/> Dyslipidemia |
| <input type="checkbox"/> Metabolic Syndrome | |

****Without established heart disease****

Additional Information (Please only check in addition to the above section)

- | | |
|--|---|
| <input type="checkbox"/> Inactivity | <input type="checkbox"/> Increased stress level |
| <input type="checkbox"/> History of smoking | <input type="checkbox"/> Mobility limitations |
| <input type="checkbox"/> Asthma (without established COPD) | |

Please include and indicate if any of the following are available

- ECG
 Previous exercise testing
 Other _____

Notes:

Form instructions:

Complete each section of the referral form
Fax completed referrals along with any additional documentation to "On Track" at 250-314-2198

I concur with my patient's participation in the On Track exercise and education program.

Doctor's Signature: _____ Date: _____



Interior Health



Vascular Improvement Program
PUT YOUR HEART INTO IT