

CMCC CardioMetabolic Collaborative Clinic

230-1641 Hillside Ave. Victoria, BC V8T 5G1 Phone: 778-433-4800 Fax: 250-412-6464

PATIENT INFORMATION

Last Name	First Name	
Date of Birth	PHN	
Phone Number	Alternative Number	
Email Address	Family MD	
	Referring MD	

REASON FOR REFERRAL

Please see this patient in regards to the following.

Hypertension Clinic					Metal	Metabolic Clinic			
	Hypertension					Diabetes Mellitus			
		New Diagnos	sis			Dyslip	oidemia		
		Resistant Hy	pertensi	on		Possib	ole Fatty Liver Disease		
COM	MENT	S							
Patient already has a specialist involved in:									
		ology		Endocrinology			Gastroenterology		
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Kindly attach pertinent blood work and relevant investigations.