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## My Heart Fitness (MHF) Lifestyle Modification Program

Patient Name: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

HCN: \_\_\_\_\_  M  F  Other Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Tel: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ \*\* Please include email for program entry \*\*

### Referral Indication

(Please check the most appropriate)

- Primary Vascular Prevention**  
Among those **without** established or suspected cardiovascular, peripheral, or cerebrovascular disease
- Secondary Vascular Prevention**  
Among those **with** established or suspected cardiovascular, peripheral, or cerebrovascular disease

### Comments

(Please provide any additional information)

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Please attach relevant notes and diagnostic tests (e.g. stress tests, echocardiograms, coronary angiogram, etc.) where applicable.

## My Heart Fitness Information

### The MHF Program

#### What do we do?

- Intensive lifestyle modification

#### How do we improve health?

- Through knowledge and behaviour

#### Lifestyle Targets

- Exercise and Physical Activity
- Nutrition and Diet
- Stress-management
- Self-regulation/self-management skills
- Smoking cessation (where applicable)

### MHF Services

#### OHIP Based Services

- Virtual Clinic Visits
  - Specialists
  - Dietitians
  - Kinesiologists
  - Learning modules
  - Goal setting
  - Self-monitoring
  - Preventative care monitoring
  - Cardiac rehabilitation

#### Other Services Offered

- Medically supervised exercise training
  - Post cardiac rehabilitation
- Integrated wearable technologies
- Virtual heart-healthy grocery store tours and cooking demonstrations
- Monitoring the food plate

Any further questions? Contact our administrative team at 905-875-0824