



**Plant-Based Diet for Healthy Hearts  
Patient Treatment Group - Referral Form**

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Patient Name

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Address

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Phone Home

Work

Cell

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Email Address

DOB

**By signing this form** you are ordering your patient to be enrolled in the Plant-Based Diet for Healthy Hearts Program, including Clinical Monitoring/Education and Behavioral Monitoring/Education.

Also, Lipid Profiles: To be completed on initial visit and repeated every three months, or as needed, **free** for the patient.

***All results will be sent to referring physician.***

**Please include most recent office visit note and  
current medication list with referral.**

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Physician Name

Date of Referral

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Signature

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Office Site

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Office Phone

Office Fax

**Please email or fax referrals to:** Hope Walton RN at Cary Medical Center's Cardiac Rehab  
Email: hwalton84@gmail.com Fax: 207-498-1656

