



HEART FAILURE CLINIC REFERRAL FORM

Referring Physician: _____	Today's Date: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>											D	D	M	M	M	Y	Y	Y	Y	Y
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Family Physician: _____	Date of Birth: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>											D	D	M	M	M	Y	Y	Y	Y	Y
D	D	M	M	M	Y	Y	Y	Y	Y												
Patient's Name: _____ (first, middle initial, last)	Age: _____																				
Telephone: (home) _____ (work) _____	Address: _____ (number, street name)																				
MHSC: _____ PHIN: _____	_____ (City, Province, Postal Code)																				

Referral Criteria:

Must have documented ejection fraction (EF) or radiographically proven heart failure (HF) and one of the following:

1. Persistent NYHA 3-4 symptoms; or
2. NYHA 2 + at least 2 hospital admissions or emergency room (ER) visits in past year for decompensated HF; or
3. NYHA 2 + 1 hospital admission or ER visit for decompensated HF and with a significant comorbidity (eg. Chronic Kidney Disease, arrhythmia, COPD) specify comorbidity _____; or
4. Special request by Internal Medicine or Cardiologist for advanced HF or complex cases

<p>Type/Etiology of HF (Please place an X")</p> <p><input type="checkbox"/> HFrEF (EF ≤ 40%) <input type="checkbox"/> Ischemic <input type="checkbox"/> Non Ischemic</p> <p><input type="checkbox"/> HFpEF (EF > 50%)</p> <p><input type="checkbox"/> HF mid range EF (EF 41 - 50%)</p> <p><input type="checkbox"/> Hypertrophic</p> <p><input type="checkbox"/> Other (specify): _____</p>	<p>We require the following information to process this referral</p> <p><input type="checkbox"/> Completed referral form</p> <p><input type="checkbox"/> Cardiac history (ie. Hospital admission note and discharge summary)</p> <p><input type="checkbox"/> Most recent Electrocardiogram</p> <p><input type="checkbox"/> Most recent lab work</p> <p><input type="checkbox"/> Relevant diagnostic test results (ie. Echocardiogram, MUGA, angiogram, Chest X-ray)</p> <p><input type="checkbox"/> Medications</p>
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<p>Please place an "X" Functional Class (NYHA)</p> <p><input type="checkbox"/> Class 1 No limitation of physical activity.</p> <p><input type="checkbox"/> Class 2 Slight limitation of physical activity.</p> <p><input type="checkbox"/> Class 3 Marked limitation of physical activity.</p> <p><input type="checkbox"/> Class 4 Symptoms at rest.</p>	<p>EF _____ % Date <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> Method _____</p> <p>Dates of HF hospitalization Facility</p> <p><table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> _____</p> <p><table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> _____</p> <p>Dates of ER visits Facility</p> <p><table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> _____</p> <p><table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> _____</p>											D	D	M	M	M	Y	Y	Y	Y	Y											D	D	M	M	M	Y	Y	Y	Y	Y											D	D	M	M	M	Y	Y	Y	Y	Y											D	D	M	M	M	Y	Y	Y	Y	Y											D	D	M	M	M	Y	Y	Y	Y	Y
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Patient has Implantable Cardioverter Defibrillator Yes No Advanced Care Plan _____

Heart Failure Clinic, St. Boniface General Hospital, Y2 - 409 Taché Avenue, Winnipeg, Manitoba R2H 2A6
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Legend:		
NYHA -	New York Heart Association	HFpEF - Heart Failure with Preserved Ejection Fraction
COPD -	Chronic Obstructive Pulmonary Disease	HFrEF - Heart Failure with Reduced Ejection Fraction
HFmid-range EF -	Heart Failure with Mid-range Ejection Fraction	MUGA - Multi Gated Acquisition