



Heart Function Clinic Referral Form

Referring Physician: _____

Today's Date:

D	D	M	M	M	Y	Y	Y	Y												

Family Physician: _____

Date of Birth:

D	D	M	M	M	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)

Translator required? No Yes Specify: _____

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

Type/Etiology of HF (Please place an "X")

- HFrEF (EF ≤ 40%)
 - Ischemic Non Ischemic
- HFpEF (EF > 50%)
- HF mid range EF (EF 41 - 50%)
- Hypertrophic
- Other (specify): _____

We require the following information to process this referral

- Completed referral form
- Cardiac history (ie. Hospital admission note and discharge summary)
- Most recent Electrocardiogram
- Most recent lab work
- Relevant diagnostic test results (ie. Echocardiogram, MUGA, angiogram, Chest X-ray)
- Medications

Please place an "X" Functional Class (NYHA)

- Class 1** No limitation of physical activity.
- Class 2** Slight limitation of physical activity.
- Class 3** Marked limitation of physical activity.
- Class 4** Symptoms at rest.

EF _____% Date

D	D	M	M	M	Y	Y	Y	Y												

 Method _____

Dates of HF hospitalization

Facility

D	D	M	M	M	Y	Y	Y	Y												

D	D	M	M	M	Y	Y	Y	Y												

Dates of ER visits

Facility

D	D	M	M	M	Y	Y	Y	Y												

D	D	M	M	M	Y	Y	Y	Y												

Patient has Implantable Cardioverter Defibrillator Yes No Advanced Care Plan _____

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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