Heart Failure Clinic
St. Joseph's Hospital
268 Grosvenor St.
London, ON N6A 4V2
Fax: 519-646-6219

HEART FAILURE CLINIC REFERRAL FORM

Please complete all **FOUR** sections, **ATTACH** all related documents and **FAX** to the Heart Failure Clinic at **519-646-6219**

1. PATIENT INFORMATION

Name: _____

J#/PIN: _____

Gender: M / F Date of Birth: _____

Health Card #: _____

Telephone #: _____

Family Physician: _____

2. REFERRING HEALTHCARE PROVIDER

Name: _____

Telephone #: _____

Fax #: _____

Date of Referral: _____

Pick only **ONE** primary referral reason: ☐ **HFpEF ≥50%** ☐ **HFmEF 41-49%** ☐ **HFrEF ≤40%**

3. PRIMARY REFERRAL CRITERIA – Please select **one** of the following criteria (A, B, C or D):

Priority will be given to patients meeting criteria A & B.
Patients meeting criteria C & D will be considered on an individual basis.

A. Minimum two hospital admissions for heart failure **(primary diagnosis)** within the past six months.

Admission Dates:

1) _____

2) _____

B. Minimum two ER visits within the past two months for heart failure requiring IV Lasix.

ER Dates:

1) _____

2) _____

C. NYHA Class III-IV heart failure symptoms despite best attempts to optimize diuretics and medical therapy.

D. Patients with advanced HF requiring frequent clinic visits or with high-risk markers for hospital admission (*please state the reason*).

4. PATIENT HISTORY & INVESTIGATIONS:

Brief history of heart failure:

NYHA Class: ☐ I ☐ II ☐ III ☐ IV

LVEF %: _____

Systolic BP: _____

Last Creatinine: _____

Height (cm): _____ Weight (kg): _____

Date of HF diagnosis: _____

Comorbidities:

	NO	YES
Previous CABG/PCI	☐	☐
ICD / CRT present	☐	☐
History of Valvular Disease	☐	☐
Previous Valve Surgery	☐	☐
Diabetes	☐	☐
Smoking history	☐	☐
PVD / Stroke	☐	☐
COPD / Pulmonary HTN	☐	☐
Permanent Pacemaker	☐	☐
Hx of Alcohol or Drug Abuse	☐	☐

Supporting Documents:
Send copies of the following if not available on Powerchart:

- ☐ Consultation & discharge notes
- ☐ Recent laboratory results, including: CBC, Electrolytes, BNP, creatinine, liver enzymes, bilirubin, albumin & lipid profile
- ☐ Echocardiogram (within 6 months)
- ☐ Chest X-ray and ECG

Additional Notes: _____

Please ensure contact information is current. Thank you for your referral!

Preamble

St. Joseph's Heart Failure Clinic seeks to provide care for the highest-risk heart failure patients with the goal to **prevent mortality and reduce hospitalizations**. We are a Nurse Practitioner-led clinic with Cardiology, Internal Medicine and Nephrology support. Our clinic's strengths are the ability to rapidly up-titrate medications, institute flexible diuretic regimes and closely monitor volume status. We also have the ability to provide rapid virtual & in-person follow-up for changes in patients' symptoms.

When selecting patients to be followed in our clinic, we have chosen markers that constitute 'high risk' for mortality and heart failure hospitalization. We have sought to ensure our acceptance criteria are equitable for patients of different ages and heart failure etiologies.