



Heart Function Clinic Referral

Referral forms cannot be processed if incomplete or missing information

If you have a management question, please fax a written consultation to us at 613-544-4152.

Referring provider	Designation	Signature	Fax	Date (yyyy/mm/dd)
Name of patient: _____ Date of birth (yyyy/mm/dd): _____				
Address: _____				
Health card: _____ Telephone number (home): _____ (cell): _____				
Type of heart failure (check all that apply): <input type="checkbox"/> HF reduced ejection fraction (EF less than 40 percent) <input type="checkbox"/> Ischemic <input type="checkbox"/> non-ischemic <input type="checkbox"/> unknown <input type="checkbox"/> HF preserved EF (EF greater than 50 percent) <input type="checkbox"/> HF mid-range EF (EF 41 to 50 percent) <input type="checkbox"/> Hypertrophic cardiomyopathy		We require the following information (check all that apply): <input type="checkbox"/> Assessment of left ventricular function (within last 3 months) by either echocardiogram/angiogram/MIBI, cardiac MRI, or MUGA <input type="checkbox"/> Lab investigations (less than 1 month) including NT pro-BNP, electrolytes, creatinine, and CBC <input type="checkbox"/> ECG within 3 months <input type="checkbox"/> Discharge summary/emergency record attached (if patient seen outside KHSC) or most recent clinic letter <input type="checkbox"/> Current summary of medical history and list of medications (if not recently discharged from hospital)		
Reasons for referral accepted by heart function clinic (check all that apply): <input type="checkbox"/> Volume management and/or diuretic adjustment (diuretic adjustment already attempted) <input type="checkbox"/> Work-up for new diagnosis of HF <input type="checkbox"/> Initiation/optimization of medical therapy <input type="checkbox"/> Recent (within 6 months) HF hospitalization or emergency department visit for HF <input type="checkbox"/> Evaluation for patients with severe HF for consideration of heart transplantation or mechanical support devices <input type="checkbox"/> Management for established or suspected cardiomyopathies (example: hypertrophic cardiomyopathy, amyloidosis, non-compaction, arrhythmogenic right ventricular dysplasia, and cardiac sarcoidosis)				
If your patient does not fit any of the above indications, consider referring to an internist or general cardiologist				
Abbreviations				
HF = Heart Failure		MRI = Magnetic Resonance Imaging		
EF = Ejection Fraction		MIBI = Myocardial Perfusion Imaging		
ECG = Electrocardiogram		MUGA = Multigated Acquisition Scan		
BNP = Brain Natriuretic Peptide		KHSC = Kingston Health Science Centre		
NT = N-Terminal		CBC = Complete Blood Count		