



HEART FUNCTION CLINIC REFERRAL

ARH BH JPOCSC LMH RCH RMH



<p style="text-align: center;">*Patient</p> <p>Name: _____ City, Province: _____ Postal Code: _____ Contact #: _____ PHN#: _____ DOB: _____</p>	<p style="text-align: center;">*Referring Provider</p> <p>Name: _____ Phone: _____ Fax #: _____ MSP #: _____ <input type="checkbox"/> GP <input type="checkbox"/> NP <input type="checkbox"/> ED <input type="checkbox"/> In patient <input type="checkbox"/> Specialist, Specify: _____</p>																		
<p>Referral Criteria:</p> <ol style="list-style-type: none"> Established heart failure of any etiology with an LVEF < 40% LVEF > 40% with sign's and/or symptoms of heart failure, with an elevated BNP or NT-PRO-BNP. 	<p>BNP Reference:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Age</th> <th style="text-align: left;">NT Pro BNP</th> </tr> </thead> <tbody> <tr> <td><50 YRS</td> <td>> 450</td> </tr> <tr> <td>50-75 YRS</td> <td>> 900</td> </tr> <tr> <td>> 75 YRS</td> <td>> 1800</td> </tr> </tbody> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Indicative of HF</th> <th style="text-align: left;">BNP</th> </tr> </thead> <tbody> <tr> <td>Does not support HF</td> <td><100</td> </tr> <tr> <td>Borderline Zone</td> <td>100-250</td> </tr> <tr> <td>Supports HF</td> <td>250-400</td> </tr> <tr> <td>Strongly supports HF</td> <td>>400</td> </tr> </tbody> </table>	Age	NT Pro BNP	<50 YRS	> 450	50-75 YRS	> 900	> 75 YRS	> 1800	Indicative of HF	BNP	Does not support HF	<100	Borderline Zone	100-250	Supports HF	250-400	Strongly supports HF	>400
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<p>*Primary Community Cardiologist:</p>																			
<p>*Reason for Referral: Wait times are allocated within published benchmarks as listed below.</p>																			
<p><input type="checkbox"/> Emergent referral - speak with on-call Cardiologist</p>	<p>Emergent heart failure consultation is for cardiogenic shock, inotrope/vaso pressor requirements or respiratory distress.</p>																		
<p><input type="checkbox"/> New diagnosis of heart failure and UNSTABLE OR Post MI heart failure OR Post hospitalization HF OR Progressively worsening HF</p>	<p>Appointment within 2 weeks</p>																		
<p><input type="checkbox"/> Heart Failure with symptoms but NOT decompensated, OR New diagnosis of heart failure and STABLE</p>	<p>Appointment within 4 weeks</p>																		
<p><input type="checkbox"/> Chronic heart failure management OR Asymptomatic LV dysfunction</p>	<p>Appointment within 6 weeks</p>																		
<p>Every effort is made to maintain benchmark times however timing may vary due to volume of referrals.</p>																			
<p>*Care Management: <i>all options will be invited to HF Group Education</i></p> <p><input type="checkbox"/> Shared care (for 6 months or until discharge criteria met) <input type="checkbox"/> HF Medication Optimization (Titrations done by Pharmacist, Cardiologist or NP) <input type="checkbox"/> Education only <input type="checkbox"/> Advice only (consultation but no changes) Specific question referring provider would like answered?</p>																			
<p>Please attach a list of current medications, relevant history and investigations.</p> <p>*Primary Language Spoken, if not English, please ensure there is someone with the patient who can speak English</p>																			
<p>* Referring Physician/ NP: _____ Date: _____ # of pages faxed _____</p>																			
<p>* Fax: <input type="checkbox"/> ARH: 604-851-4782 <input type="checkbox"/> BH: 604-412-6189 <input type="checkbox"/> JPOCSC: 604-582-3783 <input type="checkbox"/> LMH: 604-514-6012 <input type="checkbox"/> RCH: 604-528-5067 <input type="checkbox"/> RMH: 604-463-1887</p>																			
<p>To expedite care PLEASE ensure ALL aspects of this form are completed</p>																			