

**Provincial Heart Function Clinic Referral Form**



Health Authority Logo

<b>*Patient</b>	<b>*Referring Provider</b>
Name _____	Name _____
Address _____	Phone _____
City _____	Fax # _____
Province _____	MSP # _____
Contact # _____	<input type="checkbox"/> GP , <input type="checkbox"/> NP, <input type="checkbox"/> ED <input type="checkbox"/> In patient
PHN # _____	<input type="checkbox"/> Date _____
DOB _____	

Reason For Referral	Care Management
<input type="checkbox"/> Assessment of ASYMPTOMATIC heart failure (HF) <input type="checkbox"/> Chronic heart failure management <input type="checkbox"/> Heart Failure with symptoms but Not decompensated, <input type="checkbox"/> New diagnosis of heart failure and STABLE <input type="checkbox"/> New diagnosis of heart failure and UNSTABLE <ul style="list-style-type: none"> <li><input type="checkbox"/> Post MI heart failure; hospitalization HF; worsening HF</li> </ul>	<input type="checkbox"/> Shared care: (GP and Clinic physician/NP) <input type="checkbox"/> HF physician/NP to stabilize and optimize medication therapy <input type="checkbox"/> Optimize pt self management/ education ONLY <input type="checkbox"/> Advice only on care management <hr/> <b>Additional health care professional who needs to be CC'd</b> Name _____ Address _____ Fax # _____

**\*Specific question referring provider would like answered?**

**Primary Language Spoken** *If not English please ensure there is someone with the patient who can speak English*

**\*Please include/or attach a complete list of all medications your patient is taking**

**Co-morbidities:**

Diabetes,  Renal  Hypertension  Angina  Thyroid Disease  Respiratory  
 Arrhythmias  CABG  TIA/CVA  Arthritis  Malignancy  Other specify \_\_\_\_\_

**Please attach available/relevant cardiac investigation results**

For example: Echo, MIBI, MUGA, ECG, Angiogram, CXR, consultation notes, Blood work (BNP, Lytes, etc.)

**Acknowledgement of Referral ( Will be completed by HFC staff)**

Our office will make an appointment with the heart function DR/NP in the next \_\_\_\_\_ Week (s)  
 Your patient is booked to be seen by the heart function **Nurse** on \_\_\_\_\_  
 We require additional information \_\_\_\_\_
 

- Before we can book the patient
- Prior to the pts appointment

**Referring Physician/ NP** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fax to: Heart function (see page 2 for Heart function clinic Fax # )**  
**To expedite care PLEASE ensure ALL aspects of this form are completed**

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**Benchmarks: Treating the Right Patient at the Right Time: Access to Heart Failure Care  
(Adopted from CCS guidelines)**

<b>Triage Category</b>	<b>Access Target</b>	<b>Examples of conditions</b>	<b>Health care provider</b>
Emergent (very high risk)	<24hrs	<ul style="list-style-type: none"> <li>● Acute Severe myocarditis</li> <li>● Cardiogenic shock</li> <li>● Transplant evaluation –acutely unstable patient</li> <li>● First episode of acute pulmonary edema</li> <li>● Acute cardiac Valvular regurgitation</li> </ul>	<ul style="list-style-type: none"> <li>● Heart Failure specialist</li> <li>● Cardiologist</li> </ul>
Urgent (High risk)	<2 weeks	<ul style="list-style-type: none"> <li>● Progressive heart failure</li> <li>● New diagnosis of heart failure- unstable, decompensated</li> <li>● Post myocardial heart failure</li> <li>● New progression to AHA/ACC class D</li> <li>● Post-hospitalization discharge heart failure</li> </ul>	<ul style="list-style-type: none"> <li>● Heart Failure Specialist</li> <li>● Disease management program (DMP)</li> <li>● Cardiologist</li> </ul>
Semi urgent	<4 weeks	AHA/ACC Class C New diagnosis of heart failure- stable, compensated	<ul style="list-style-type: none"> <li>● Heart Failure Specialist</li> <li>● Disease management program (DMP)</li> <li>● Cardiologist</li> <li>● Internist</li> </ul>
Scheduled	< 6 weeks <12 weeks	Chronic heart failure AHA/ACC class A and B	<ul style="list-style-type: none"> <li>● Family Physician,</li> <li>● Internist,</li> <li>● Cardiologist,</li> <li>● Disease management program (DMP)</li> <li>● Heart failure specialists</li> </ul>

Heart Function clinic fax numbers		
<b>Health Authority</b>	<b>Site</b>	<b>Fax number</b>
Fraser Health	Abbotsford General Hospital	604 851 4782
	Jim Pattison Outpatient Heart function Clinic	604-582-4590
	Ridge Meadows Hospital Heart Function Clinic	604-463-1887
	Royal Columbian Hospital Heart Function Clinic	604 528 5067
Interior Health	Cranbrook/Kimberly Heart Function Clinic	250-489-6420
	Kamloops Vascular Improvement Clinic	250-314-2198
	Kelowna Heart Function Clinic	250-980-1509
	Penticton Integrated Health Center Heart Function Clinic	259-770-3470
	Trail/Nelson Kiro Wellness Center Heart Function Clinic	250-352-6273
	Vernon Heart Function Clinic	250-558-4101
Northern Health	NORTH (Network of Rural to Tertiary Health Care) Heart Function Clinic ( all referrals go through the Prince George clinic and are then triaged to the appropriate clinic outside of Prince George)	1-855-565-5630
Vancouver Coastal	St Pauls Heart Function Clinic	604-806-9476
	Vancouver General Hospital Heart Function Clinic	604-875-5806
Vancouver Island	Victoria Heart Function Clinic	250-370-8267
	Nanaimo Heart Function Clinic	250-740-6956
	Campbell River Heart Function Clinic	250-850-2935