

Provincial Heart Function Clinic Referral Form



Health Authority Logo

*Patient	*Referring Provider
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"> <input type="checkbox"/> Post MI heart failure; hospitalization HF; worsening HF 	<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/> Additional health care professional who needs to be CC'd 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)**

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

Heart Function clinic fax numbers		
Health Authority	Site	Fax number
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
	Vancouver Coastal Heart Function Clinic	604-875-5906
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 Heart Function Clinic	604-875-5906
Vancouver Coastal	St Pauls Heart Function Clinic	604-806-8763
	Vancouver General Hospital Heart Function Clinic	604-875-5906
	Vancouver Island Heart Function Clinic	250-370-8267
Vancouver Island	Victoria Heart Function Clinic	250-370-8267
	Nanaimo Heart Function Clinic	250-740-6956
	Campbell River Heart Function Clinic	250-850-2935