MAOHT & MAHC Collaborative Heart Function Clinic Referral Form

Patient Information / Sticker	Referring Provider:
Lastname__________________Firstname________________	Name: ____
DOB: yyyy/mm/dd HCN: ____________________	Site: ☐ HDMH ☐ SMMH ☐ Other: ____________________
Gender: ☐ Male ☐ Female ☐ Other: __________	Phone: ____
Email: ____	Professional ID: ________________ Billing #: __________
Mailing Address: __________________________________	Designation (MD/NP/RN, etc.) ________________________
____	Signature: ____
Patient Phone #: ☐ Cell ☐ Landline __________________	Copy status updates to: ______________________________

Reason For Referral

Urgency:

☐ URGENT (to be seen within 7 - 14 days)

☐ Routine (to be seen within 2 - 6 weeks)

Primary Indication(s): *Select all that apply*

☐ New diagnosis of Heart Failure

☐ Heart Failure with symptoms

☐ Chronic Heart Failure management

☐ Self management, education only

☐ Other: ________________________________

Etiology of Heart Failure: *Select all that apply*

☐ CAD

☐ Hypertension

☐ Cardiomyopathy

☐ Valvular Disease

☐ Congenital Disease

☐ Other: ________________________________

Treatment Completed: *Select all that apply*

☐ Valve replacement

☐ Prior PCI

☐ Hypertension controlled

☐ Prior Pacemaker or ICD

☐ Prior Coronary Artery Bypass (CABG)

☐ Other: ________________________________

NYHA Functional Class: _________

Most recent LV systolic function (grade or EF%): ________

Additional Relevant Clinical Info: ________________________

____

Cumulative Patient Profile

☐ CPP attached separately

☐ Do not send CPP

Current Medications (may attach list) : _______________

____

____

Current Problems (may attach list): __________________

____

Past Medical History (please list dates + locations of major procedures):_________________________________

____

____

Allergies: ____________________________________

____

Supporting Documentation

Please indicate which test(s) were completed and attach results with completed referral)

☐ Echocardiogram

☐ MUGA

☐ Stress Test

☐ Myoview Nuclear Test

☐ Coronary Angiogram

☐ CT

☐ Electrolytes

☐ CBC

☐ Creatinine

☐ CXR

☐ ECG

☐ ProBNP

☐ TSH

☐ LFT's

Complete form and scan to: heart.function@mahc.ca