

Heart Function Clinic


Heart Failure Management

What We Offer

- Stabilize Symptoms
- Prevent/Reduce Re-Hospitalization
- Determine Etiology
- Focus on Early Intervention
- Implement CCS Guidelines for Heart Failure Management
- LV Enhancement
- Medication Optimization within 3-6 months
- Heart Failure Education

Our Team Includes

Cardiologists, Nurse Practitioners, Registered Nurses, Pharmacists, Social Workers, Dietitians, Mental Health Support

 **HEART FUNCTION CLINIC REFERRAL**
☐ ARH ☐ BH ☐ JPOCSC ☐ LMH ☐ RCH ☐ RMH

Form ID: MSXX104940C Rev: Feb 20/2020 Page: 1 of 1

*Patient	*Referring Provider
Name: _____	Name: _____
City, Province: _____	Phone: _____
Postal Code: _____	Fax #: _____
Contact #: _____	MSP #: _____
PHN#: _____	<input type="checkbox"/> GP <input type="checkbox"/> NP <input type="checkbox"/> ED <input type="checkbox"/> In patient
DOB: _____	<input type="checkbox"/> Specialist, Specify: _____

Referral Criteria:	BNP Reference:										
1. Established heart failure of any etiology with an LVEF < 40%	<table border="1"><thead><tr><th>Age</th><th>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>	Age	NT Pro BNP	<50 YRS	> 450	50-75 YRS	> 900	> 75 YRS	> 1800		
Age	NT Pro BNP										
<50 YRS	> 450										
50-75 YRS	> 900										
> 75 YRS	> 1800										
2. LVEF > 40% with sign's and/or symptoms of heart failure, with an elevated BNP or NT-PRO-BNP.	<table border="1"><thead><tr><th>Indicative of HF</th><th>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>	Indicative of HF	BNP	Does not support HF	<100	Borderline Zone	100-250	Supports HF	250-400	Strongly supports HF	>400
Indicative of HF	BNP										
Does not support HF	<100										
Borderline Zone	100-250										
Supports HF	250-400										
Strongly supports HF	>400										

*Primary Community Cardiologist: _____

*Reason for Referral: Wait times are allocated within published benchmarks as listed below.

Referral Criteria	Appointment Timing
<input type="checkbox"/> Emergent referral - speak with on-call Cardiologist	Emergent heart failure consultation is for cardiogenic shock, inotrope/vaso pressor requirements or respiratory distress.
<input type="checkbox"/> New diagnosis of heart failure and UNSTABLE OR Post MI heart failure OR Post hospitalization HF OR Progressively worsening HF	Appointment within 2 weeks
<input type="checkbox"/> Heart Failure with symptoms but NOT decompensated, OR New diagnosis of heart failure and STABLE	Appointment within 4 weeks
<input type="checkbox"/> Chronic heart failure management OR Asymptomatic LV dysfunction	Appointment within 6 weeks

Every effort is made to maintain benchmark times however timing may vary due to volume of referrals.

*Care Management: all options will be invited to HF Group Education
☐ Shared care (for 6 months or until discharge criteria met)
☐ HF Medication Optimization (Titration done by Pharmacist, Cardiologist or NP)
☐ Education only
☐ Advice only (consultation but no changes) Specific question referring provider would like answered?

Please attach a list of current medications, relevant history and investigations.
*Primary Language Spoken, if not English, please ensure there is someone with the patient who can speak English

* Referring Physician/ NP: _____ Date: _____ # of pages faxed _____

* Fax: ☐ ARH: 604-851-4782 ☐ BH: 604-412-6189 ☐ JPOCSC: 604-582-3783 ☐ LMH: 604-514-6012 ☐ RCH: 604-528-5067 ☐ RMH: 604-463-1887

To expedite care PLEASE ensure ALL aspects of this form are completed