



Heart Function Clinic Referral

PATIENT INFORMATION LABEL HERE

Referral Date: dd-Mmm-yyyy	Referral Source: <input type="checkbox"/> PCP <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Cardiology <input type="checkbox"/> ED/Hospital <input type="checkbox"/> Walk In Clinic
PATIENT INFORMATION	REFERRED BY
Patient Name	Is this a re-referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth dd-Mmm-yyyy	Referring Physician:
PHN	MSP # <input type="checkbox"/> Locum
Patient Telephone	Telephone
Patient Address	Fax
Patient Email:	Primary Care Provider <input type="checkbox"/> Same as referring practitioner
Support Person/Relationship	Specialists/Additional Care Providers to be Copied on Consultations:
Support Person Contact	

REASON FOR REFERRAL (select one)		<p><i>Prior to acceptance, all referrals are reviewed and triaged according to available clinical information.</i></p> <p><i>Due to resource constraints patients may experience longer wait times than indicated</i></p> <p><i>Please initiate therapy in advance of initial HFC appointment</i></p> <p><i>BC HF guidelines available on Pathways, and online at:</i> https://ccs.ca/pocket-guides/</p>
<input type="checkbox"/>	URGENT (2 weeks) <ul style="list-style-type: none">Progressively worsening heart failurePost hospitalization heart failureNew diagnosis of heart failure & unstablePost MI heart failure	
<input type="checkbox"/>	Semi-urgent (4 weeks) <ul style="list-style-type: none">New diagnosis of heart failure and stableHeart failure with symptoms, but not decompensated	
HF education and resources will be offered to all accepted referrals www.islandhealth.ca/our-services/heart-health-services		
SPECIFIC QUESTION THE REFERRING PROVIDER WOULD LIKE ADDRESSED: Consider RACE Line Cardiology for immediate support		
<p>All referrals require:</p> <p><input type="checkbox"/> Echocardiogram (in past 6 months)</p> <p><input type="checkbox"/> CBC, urea, creatinine, eGFR, Na+, K+, BNP/NTproBNP (in the past 3 months)</p> <p><input type="checkbox"/> Current medication list</p> <p>Supporting documents outside of Island Health:</p> <p><input type="checkbox"/> Consultants notes</p> <p><input type="checkbox"/> Labs and diagnostics not available life labs or Cerner</p> <p>If suspected/confirmed cardiac amyloidosis:</p> <p><input type="checkbox"/> Troponin, SPEP, UPEP with immunofixation, serum free light chains (in the past 3 months)</p> <p><input type="checkbox"/> Technetium PYP Scan</p> <p><input type="checkbox"/> Cardiac MRI</p> <p>HFC will acknowledge receipt of referral via Island Health Cerner Medical Record, and will include Primary Care Provider</p> <p>HFC to inform patient of appointment</p>		<p><input type="checkbox"/> Victoria Heart Function Clinic, Cardiology Phone: 250-519-1601 Fax: 250-370-8267</p> <p><input type="checkbox"/> Nanaimo Heart Function Clinic, Cardiology/Internal Medicine Phone: 250-740-6989 Fax: 250-716-1852</p> <p><input type="checkbox"/> Campbell River Heart Function Clinic, Internal Medicine Phone: 250-286-7153 Fax: 250-850-2127</p>

