



**HEART FAILURE CLINIC  
REFERRAL FORM**

The Heart Failure (HF) Clinic is an out-patient program at the St. Boniface General Hospital that is physician directed and nurse managed. We provide clinical management, monitoring, education and support to patients living with chronic heart failure (CHF). By working together, we can improve the lifestyle of CHF patients and their families and attempt to reduce the mortality and morbidity of this prevalent disease.

Referring Physician: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
(dd / mm / yyyy)

Family Physician: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
(first, middle initial, last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(dd / mm / yyyy)

Telephone: (home) \_\_\_\_\_  
(work) \_\_\_\_\_  
(daytime contact #) \_\_\_\_\_

Address: \_\_\_\_\_  
(number, street name)  
\_\_\_\_\_  
(City, Province, Postal Code)

MHSC: \_\_\_\_\_

PHIN: \_\_\_\_\_

**Reason for Referral**  
(Please place an "X")

**We require the following information to process this referral**

**Ventricular dysfunction due to:**

- 1) Ischemic
- 2) Dilated  
Etiology (if known) \_\_\_\_\_
- 3) Hypertrophic
- 4) Diastolic dysfunction  
Etiology (if known) \_\_\_\_\_

- 1) Completed referral form.
- 2) Cardiac history (ie. Hospital admission note and discharge summary).
- 3) Most recent ECG.
- 4) Most recent lab work
- 5) Relevant diagnostic test results (ie. Echo, MUGA, angiogram, CXR).
- 6) Medications

**Please place an "X"**

- Class 1** No limitation of physical activity.
- Class 2** Slight limitation of physical activity.
- Class 3** Marked limitation of physical activity.
- Class 4** Symptoms at rest.

- **EF** \_\_\_\_\_ % **Date** \_\_\_\_\_ **Method** \_\_\_\_\_  
(Ejection Fraction) (dd / mm / yyyy)
- Recent hospitalization for HF**  
**Date** \_\_\_\_\_ **facility** \_\_\_\_\_  
(dd / mm / yyyy)
- Recent ER visit for HF**  
**Date** \_\_\_\_\_ **facility** \_\_\_\_\_  
(dd / mm / yyyy)

Patient has ICD  Yes  No Advanced Care Plan \_\_\_\_\_

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