### Heart Function Program Referral

**Patient Name:** (please print first, last name)  
**Patient Address:**

**Phone Number:**

#### REASON FOR REFERRAL:

- Hospitalization where CHF is the primary diagnosis
- NYHA Class III – IV congestive heart failure
- End stage CHF:  
  - Advanced therapies
  - Palliative
- Ontario telemedicine network (OTN) for virtual visits
- Other:

#### URGENCY OF APPOINTMENT:

- Less than 2 weeks*  
- Less than 1 month
- Greater than 1 month

*Reserved for patients with high likelihood of ER visit or hospital admission within the next 2 weeks - must be accompanied by phone call to the Heart Function Clinic at 905-895-4521 ext. 2934 to coordinate the appointment.

#### HEART FUNCTION INFORMATION:

- Does the patient have a cardiologist?  
  - No
  - Yes  
  - Dr.

- LVEF:  
  - less than 30%
  - 30% – 39%
  - 40% – 49%
  - greater than or equal to 50%

- NYHA Class:  
  - I
  - II
  - III
  - IV

- Etiology of Heart Failure:  
  - Ischemic
  - Non-Ischemic
  - Valvular
  - Diastolic dysfunction
  - Other:

#### ENCLOSED DOCUMENTATION:

- Consultation note
- Discharge summary
- Echocardiogram
- Cardiac MRI
- Angiogram/PCI report
- Nuclear SPECT
- MUGA
- Other:

#### CLINICAL SUMMARY:

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#### REFERRING PRACTITIONER INFORMATION:

**Referring Name:**

**Billing Number:**

**Referring Signature:**

**Date:**  

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Fax: 905-952-2462