

HEART FUNCTION CLINIC REFERRAL FORM



**ADVANCED
CARDIOLOGY**
Consultants and Diagnostics Inc

Fax Referral to 403-235-4147

<u>Patient Label</u>	Date: _____ Physician Name: _____ Physician Address: _____ _____ Tel: _____ Fax: _____
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Patient Cardiologist (If Applicable): _____ **Fax:** _____
All reports will be copied to patient's cardiologist

REASON OF REFERRAL

- | | |
|--|---|
| <input type="checkbox"/> New Diagnosis (PATIENT TO BE SEEN IN 2 WEEKS)
<input type="checkbox"/> Post Hospitalization Heart Failure
<input type="checkbox"/> Asymptomatic Heart Failure | <input type="checkbox"/> Heart Failure with Symptoms,
<input type="checkbox"/> Post MI Heart Failure
<input type="checkbox"/> Other |
|--|---|

Clinical Notes or Past Medical History:

Supporting Documents (check Documents attached)	Description of Clinic
<ul style="list-style-type: none"> <input type="checkbox"/> Consult letter from Cardiologist or Internist <input type="checkbox"/> All Past Echos <input type="checkbox"/> MIBI / Thallium test <input type="checkbox"/> Cardiac Angio <input type="checkbox"/> Cardiac CT <input type="checkbox"/> Cardiac MRI <input type="checkbox"/> Current ECG <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Current Medication List <input type="checkbox"/> Blood work 	Heart Failure Clinic is community based, Cardiologist driven, and Nurse managed. The Focus of the clinic is to provide clinical assessment to patients by continuous education and continuous follow-up for Heart Failure patients. The Goal is to improve patients' Quality of Life, Independence, and Reduce repetitive Hospitalization.

To expedite care, Please ensure ALL supporting documents are attached.

Patient reminders:

- To bring an interpreter if patient does not speak English**
- To bring in all their current medications** (Prescription and Non-Prescription)