

**Calgary Zone Cardiac Function Clinic (CFC)
Referral**

Foothills Medical Center	Ph: 403.944.5900 Fax: 403.283.7061
Rockyview General Hospital	Ph: 403.943.8623 Fax: 403.943.8619
South Health Campus	Ph: 403.956.2675 Fax: 403.956.2695
Peter Lougheed Centre	Ph: 403.943.5579 Fax: 403.668.2165

Last Name (<i>Legal</i>)		First Name (<i>Legal</i>)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB (<i>dd-Mon-yyyy</i>)	
Personal Health Number		ULI <input type="checkbox"/> Same as PHN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Prefer not to disclose (X)			
RHRN	HCN	Current Date (<i>yyyy-Mon-dd</i>)	
Address			
City		Postal	Province
Phone (H)	Phone (W)	Alternate Contact	

All following criteria must be met for an eligible referral

The patient must be 18 years or older, AND the patient and/or patient's agent is aware of and agreeable to be seen in the CFC, AND is physically able to attend appointments on a regular basis

Notification of CFC eligibility will occur within 5 business days to the referring source

Yes ↓	The patient has been given a diagnosis of HEART FAILURE either through a consultant's note or through discharge summary from hospital.	No →	Consider referral to one of the following: -Your preferred cardiologist <i>(see Alberta Referral Directory)</i>
Yes ↓	The patient has a primary Cardiologist who has seen them within the last year OR from a recent hospitalization. Primary Cardiologist Name: _____	No →	-Internist / GIM clinic of your choice
Yes ↓	The patient's primary Cardiologist has been contacted by the referring source and has agreed to follow the patient in CFC <input type="checkbox"/> Contacted and confirmed (Yes) Comments: _____	No →	Consider referral to one of the following: -Patient's primary cardiologist -Home Care HF team -Community Paramedic Program

<p>Documents Required <i>MUST be on Netcare or attached to referral (all required for referral)</i></p> <p>Discharge Summary/Cardiologist Clinic Note/Consultation Note <input type="checkbox"/> On Netcare <input type="checkbox"/> Attached to referral</p> <p>Recent blood work (<i>within the last 30 days</i>) including Electrolytes, CBC, BUN, Creatinine <input type="checkbox"/> On Netcare <input type="checkbox"/> Attached to referral</p> <p>NT-pro BNP level from within the last 6 months Include pre-discharge NT-pro BNP if post hospital referral <input type="checkbox"/> On Netcare <input type="checkbox"/> Attached to referral</p> <p>Most recent documented LVEF (<i>ECHO, MUGA, Cardiac Cath, CMRI, and/or Thallium accepted</i>) <input type="checkbox"/> On Netcare <input type="checkbox"/> Attached to referral</p>	<p>Referring Physician name: Ph: _____ Fax: _____</p> <p>Family Physician name: Ph: _____ Fax: _____ <input type="checkbox"/> Family physician aware of CFC referral <input type="checkbox"/> Does not currently have a family physician</p> <p>Referral Priority <input type="checkbox"/> Urgent*/Post hospitalization (<i>seen within 2 weeks</i>) <input type="checkbox"/> Routine (<i>seen within 6 weeks</i>) Comments _____</p> <p><i>*Urgent referrals require a phone call to the CFC clinic. Criteria for urgency can be found at the CFC Alberta Referral Directory Please note - CFC does not provide emergent care.</i></p>
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CLINIC USE ONLY – do not fill out

Date referral received: _____
Referral complete: Yes No
Referral Reason: CHF Titration

Triage priority: Urgent Routine
Primary Cardiologist will follow: Yes No