UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Advanced Heart Failure Therapies Referral Form

Referring Information

Referral for: ☐ General assessment ☐ Heart transplant ☐ Left ventricular assist device

Referral type: ☐ Urgent (<2 weeks) ☐ Routine

Patient location: ☐ Inpatient (ward) ☐ Inpatient (critical care) ☐ Outpatient

Referring physician: _____ Centre: _____

Address: _____

Phone: _____ Fax: _____

Date submitted: _____

Patient Demographic Information

Patient name: _____ DOB (dd/mm/yyyy): _____

Address: _____ City:_____

Post code: _____ Phone: _____

Health Card Number: _____

Patient Clinical Information

Reason for referral (Please attach referral letter):

_____

_____

_____

Additional medical history:

_____

_____

Left ventricular ejection fraction: _____ NYHA Class: _____

Height: _____ Weight: _____ ABO blood group: _____

40 RUE RUSKIN STREET, OTTAWA, ON K1Y 4W7
T 613.696.7000 WWW.OTTAWAHEART.CA

Current Medications

Intravenous

Inotropes: _____

Vasopressors: _____

Antiarrhythmics: _____

Other: _____

Oral

Cardiac medications: _____

_____

Other: _____

_____

Additional Information

Please include the following information with your faxed referral:

- Mandatory testing:
  - Laboratory: CBC, electrolytes, creatinine, LFTs, INR/APTT
  - Echocardiogram (send CD images if available)
  - ECG
  - CXR

- Additional testing (if available):
  - Cardiopulmonary exercise test
  - Right heart catheterization
  - Left heart catheterization (send CD images if available)
  - Carotid Dopplers
  - Lower limb arterial leg Dopplers
  - CT chest
  - CT/ultrasound abdomen/pelvis
  - CT head
  - Pulmonary function tests
  - Bone mineral density test
  - Age specific cancer screening (e.g. FIT/colonoscopy, mammogram, PAP smear, PSA)

- Any relevant consultation reports or investigations

Please fax referrals to the UOHI Heart Transplant Clinic
Fax: 613-696-7165 Phone: 613-696-7079