

PATIENT IDENTIFICATION:

REFERRING MD: \_\_\_\_\_  
BILLING NUMBER: \_\_\_\_\_  
DATE OF REFERRAL (YY/MMM/DD): \_\_\_\_\_

Schulich Heart Centre  
Sunnybrook Health Sciences Centre  
2075 Bayview Avenue, Suite A-216  
Toronto, ON Canada M4N 3M5  
T: 416.480.6100 Ext. 2484  
F: 416.480.4209

## **Advanced Heart Function Clinic Referral Form**

### **Please note:**

This clinic is for patients who have already been diagnosed with heart failure.  
*Patients who present with dyspnea or peripheral edema of unknown causes are NOT eligible for this clinic.*

The clinic is not available to review non-urgent heart failure patients, or arrange a transfer of care from one cardiologist to another.

### **Please select all of the following criteria that apply to the patient (at least one):**

- Second admission for heart failure (HF) in last 12 months
- > 2 visits to the ER for HF in last 12 months
- Multiple (>3) chronic co-morbid diseases
- LVEF  $\leq$  35%
- Kidney disease or blood pressure limitations to titration of medications
- History of poor compliance with treatment regimen
- Referral from Internal Medicine RRC (to be seen within 1-2 weeks)

Note: If one criterion is met the patient will be diverted and managed at KMH Cardiology or Leaside Village Medical Clinic.

If two or more criteria are met, the patient will be managed at the Sunnybrook Advanced Heart Function Clinic.

### **Clinical information**

**PLEASE FAX REFERRALS TO: 416-480-4209  
OR EMAIL TO [HeartFunction@sunnybrook.ca](mailto:HeartFunction@sunnybrook.ca)**