Heart Failure Clinic
North Lambton Community Health Centre

Referral to: **Heart Failure Clinic**

Affix label or complete:

Name:	DOB:
Address:	City:
Postal Code:	Health Card #:
Telephone:	Primary Care Provider:

Role of the Clinic:
For patients exhibiting heart failure NYHA Class II-IV symptoms with the goals of:

a. improving symptoms and quality of life
b. optimization of HF care
c. decreasing hospital admissions

Referring Clinician			
	○ Family physician	○ Cardiologist	○ Internist
	○ Nurse practitioner	○ Cardiac surgeon	○ Other: _________________

Point of Referral			
	○ Emergency	○ Cardiac diagnostics	○ Primary Care
	○ Outpatient clinic	○ Inpatient unit	○ Other: _________________

Please fax the following with completed referral form:

- pertinent discharge summaries
- consult notes and reports
- cardiac investigations (ECG, echo, etc)
- recent lab investigations
- latest medication list

Brief History:

_______________________________________ _____________________________________ __________________________

Referring MD/NP (please print) Signature Date

Cardio-Pulmonary Rehabilitation, 460 Christina Street North, Unit 10, Sarnia, ON, N7T 5W4
Phone: 519-491-2123; Fax: 519-491-6575