

Heart Failure Specialist Nursing Service
Referral Form *(Post Migration to INTS s1 unit version Nov 22)*

Date of referral:

<u>PATIENT DETAILS</u>	Address:
Name:	
D.O.B:	Post Code:
NHS Number:	Tel. No:

<u>REFERRED BY</u>	Name:	Tel. No:
Please tick below:-		
Cardiologist <input type="checkbox"/>	Consultant <input type="checkbox"/>	GP <input type="checkbox"/>
Specialist Nurse <input type="checkbox"/>	Ward / Cardiology <input type="checkbox"/>	Practice Nurse <input type="checkbox"/>
Other please state:		

EXCLUSION CRITERIA Referrals received for patients with the following will be declined:-

- If patient has no echocardiogram or the echocardiogram is older than two years old.
- Stable patients already on optimised treatment.
- Patient discharged from the Heart Failure Service within last 12 months with no symptom / medication changes within this time.
- Post MI patients that have NOT had a three month repeat echocardiogram.
- Stable patients with mild LVSD will not be accepted in the service, these patients will be expected to be managed by primary care.
- Patients on renal dialysis will NOT be accepted into the service.
- Patients aged under 18 years old and those NOT registered to a Barnsley GP practice and / or resident within the Barnsley geographical area.

Patients diagnosed with right ventricular systolic dysfunction / preserved ejection fraction (HFpEF) or diastolic heart failure *(The service only accepts patients with left ventricular systolic dysfunction - those still undergoing investigations to confirm diagnosis **WILL BE** rejected only those with a confirmed diagnosis should be referred).*

INCLUSION CRITERIA *(Please ensure all relevant information is ticked, failure to do so may result in the referral being rejected.)*

Echocardiogram within the past 2 years: Yes

Echo Findings (please tick): Moderate Severe

*A copy of the echocardiogram **MUST** be forwarded with this referral failure to supply this will result in the referral being rejected.*

REASON FOR REFERRAL *(Please tick the primary reason for referral):*

Complex Patient Management Titration of Medication Patient Education

Additional information:

Please note: failure to supply a copy of the echocardiogram will result in the referral being rejected.

PAST MEDICAL HISTORY / DISABILITIES

MEDICATION