



Referral Form
Heart Failure/Cardiac Amyloidosis Clinic

Referring party:

Urgency: Less than 2 weeks Less than 4 weeks Non-urgent > 4 weeks Non-urgent > 4 weeks

Reason for referral: choose one or more:

- HF consultation and management
- Cardiac amyloidosis diagnosis and management
- Assess candidacy for advanced HF therapies
- Dyspnea NYD
- Other (Specify)

To: choose one or more:

- First available- Cardiologist
- Abdul Al-Hesayen MD
- Gordon Moe MD, Director of Program
- Haytham Sharar (Nurse Practitioner)
- No preference (first available practitioner)

LVEF: Method and Date:
NYHA Class: I II III IV
PYP scan: Yes No See Sorian
Cardiac MRI: Yes No See Sorian

Medications:

- ACEs (Angiotensin Converting Enzyme Inhibitors)
- ARBs (Angiotensin Receptor Blockers)
- ARNI (Angiotensin Receptor Neprilysin Inhibitor)
- BB (Beta-Blockers)
- SGLT2 inhibitors
- MRA (Mineralcorticoid Receptor Antagonist)
- Ivabradine
- Digoxin
- Furosemide/ Metolazone/ Bumetanide
- Amyloid stabilizer/ silencer –specify
- Others

Clinic Notes/Discharge summary attached: Yes No See Sorian

Do you want the heart failure clinic team to contact you? Yes No

Fax number: 416-864-5566 / Phone:416-864-6060 ext.5192
E-mail: HeartFailureClinic@smh.ca
Attention: Heart Failure/Cardiac Amyloidosis Clinic