



**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**