

CALHN Heart Failure Support Service Referral



Health
Central Adelaide
Local Health Network

Phone: 0411 257 283 | Fax: 08 8429 6171

Referral date:

*This is a fillable form. Please COMPLETE, SAVE and RETURN to:
Email: Health.CALHNHeartFailureService@sa.gov.au*

PATIENT DETAILS

Name:

Sex: M F X

Date of birth:

UR number:

Address:

Best contact number:

Email:

GENERAL PRACTITIONER DETAILS

GP name:

Practice name:

Address:

Phone number:

Fax number:

Email:

REASON FOR REFERRAL

Heart Failure Education

Medication Titration

New diagnosis

Management of unstable HF

HF Exercise/education program

Telehealth consult

PLEASE ATTACH A COPY

Medical / Cardiology correspondence

Echocardiogram / CMRI

ECG

REFERRER AND/OR CARDIOLOGIST DETAILS

Date of referral:

Cardiologist same as referrer

Referrer name:

Cardiologist name:

Referrer phone:

Cardiologist phone:

Referrer address:

Cardiologist address:

Referrer signature:

For urgent referral please contact the Heart Failure Nurse on 0411 257 283

ALERTS (ALLERGIES/HISTORY OF MRO)

PAST MEDICAL HISTORY

Previous MI

Hypertension

Valvular disease

Arrhythmias

Smoker

ETOH / Drug Abuse

Diabetes Mellitus Obesity

Renal impairment

Other:

RISK ASSESSMENT – Are there any known risks?

Are there other people / pets living in the client's home that could cause a risk?	Yes	No
Do the areas around the property have adequate lighting and clear / safe access?	Yes	No
Does client have a history of mental health illness?	Yes	No
Does client have problems with violence, drug or alcohol abuse?	Yes	No
Does anyone smoke in the household?	Yes	No
Has the patient or family members travelled overseas or interstate in the past two weeks?	Yes	No
Has the patient or family member been in contact with a confirmed COVID-19 case?	Yes	No
Do you have a fever, sore throat or any other respiratory tract symptoms?	Yes	No
Are there any household members that have a fever, sore throat or any other respiratory tract symptoms?	Yes	No

INCLUSION criteria

- LVEF <40% on echocardiogram, MRI or GBPS
- HF with preserved ejection fraction or right heart failure
- Valvular heart disease not for immediate surgical intervention
- CALHN catchment area

EXCLUSION criteria

- Unwilling to receive heart failure support
- Impaired cognitive state or communication barrier impacting on ability to self-manage that is irreconcilable by carer
- Outside of CALHN catchment area
- High level of Care Residency