South Australia Heart Failure Referral Form

Government of South Australia
SA Health

The information contained within this document is designed to assist with decision-making to refer to a public specialist heart failure service. Please note that where appropriate, and where available, the referral may be triaged to a heart failure nursing service. If the matter is urgent, please telephone your local heart failure service.

REFERRALS

Referral date:

Referral to:

- ☐ A/Prof Carmine de Pasquale (SALHN - FMC)
- ☐ A/Prof Christine Burdeniuk (SALHN - NGP)
- ☐ Dr Alicia Chan (CALHN)
- ☐ Dr Michael Stokes (CALHN)
- ☐ Dr Eng Lee Ooi (Daryl) (NALHN)
- ☐ Dr Mohammad Omair (NALHN)

PATIENT DETAILS

Name:

Gender: ☐ M ☐ F ☐ Non-binary

Date of birth:

UR number (if known):

Address:

Phone number:

Email:

CULTURAL

Aboriginal/Torres Strait Islander: ☐

Country of birth:

Preferred language:

Interpreter required: ☐

GENERAL PRACTITIONER DETAILS

GP name:

Practice name:

REFERRER AND/OR CARDIOLOGIST DETAILS

Date of referral:

Referrer name:

Provider #:

☐ Cardiologist same as referrer

Cardiologist name:

REASON FOR REFERRAL

- ☐ New diagnosis
- ☐ Management of unstable HF
- ☐ Medication titration
- ☐ HF Exercise/education program
- ☐ Telehealth consult
- ☐ Heart failure education
- ☐ Other:

EMERGENCY CONTACTS

Emergency contact name:

Relationship to patient:

Emergency phone:

PLEASE ATTACH A COPY

- ☐ Medication list
- ☐ Recent pathology results
  (EUC/LFTs/CBE/fasting glucose/fasting lipids, HbA1c, TSH, Iron studies, BNP or Pro NT BNP if done)
- ☐ Echocardiogram/CMRI
- ☐ ECG
- ☐ Medical/Cardiology correspondence
- ☐ Chest X-ray

PAST MEDICAL/SURGICAL HISTORY

☐ IHD/MI ☐ Hypertension ☐ Valvular disease ☐ Arrhythmias ☐ Diabetes ☐ Renal impairment ☐ Obesity

☐ Permanent Pacemaker ☐ Implantable Cardiac Defibrillator/Cardiac Resynchronisation Therapy - Defibrillator (ICD/CRT-D)

Substance use: ☐ Tobacco ☐ Alcohol ☐ Other:

Previous surgery (if relevant):

ALERTS (ALLERGIES/HISTORY OF MRO)

OTHER REFERRAL CRITERIA

Description of symptoms, frequency, duration and risk factors:

Physical findings (on examination):

Management history including medications, education and referred support services:

REFER TO

Metropolitan services

☐ **(CALHN) CENTRAL ADELAIDE LOCAL HEALTH NETWORK**
Email: Health.CALHNHeartFailureService@sa.gov.au
Phone: 0411 257 283
Fax: 8249 6171

☐ **(NALHN) NORTHERN ADELAIDE LOCAL HEALTH NETWORK**
Email: Health.HeartFailureNALHN@sa.gov.au
Phone: 0423 826 500
Fax: 8282 0301

☐ **(SALHN) SOUTHERN ADELAIDE LOCAL HEALTH NETWORK**
Email: Health.SALHNHeartFailureService@sa.gov.au
Phone: 8204 7784
Fax: 8204 5000

Regional services

☐ **(VCC) VIRTUAL CLINICAL CARE**
Email: VCCHub@sa.gov.au
Phone: 1300 678 182
Fax: 8721 1461

☐ **(CATCH) COUNTRY ACCESS TO CARDIAC HEALTH**
Email: Health.CHSACardiacRehab@sa.gov.au
Phone: 7117 0600
Fax: 7117 0635

Please note:
CATCH is the contact point for all country and rural cardiac health
ADELAIDE HILLS
INNER NORTH – Gawler, Barossa, Kapunda and Eudunda
MOUNT BARKER
MURRAY BRIDGE
PORT LINCOLN
PORT PIRIE
RIVERLAND
WALLAROO
WHYALLA
VICTOR HARBOR

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