

Ramsay Connect Virtual Heart Failure Referral



Phone 1300 131 186 | Email virtualcare@ramsayconnect.com.au

[Please note that * indicates a mandatory field]

PROGRAM ADMISSION CRITERIA

INCLUSION CRITERIA	EXCLUSION CRITERIA
Met* <ul style="list-style-type: none"> New or existing diagnosis of heart failure Informed patient consent to participate 	None* <ul style="list-style-type: none"> Unmanaged arrhythmias Haemodynamically unstable Unstable angina Patient on Dialysis Requiring oxygen therapy at rest to maintain O2 saturations Impaired mental status – disorientation, confusion, dementia

PATIENT DETAILS

Name*	Email
Address*	Estimated discharge date
	Private Health Insurer*
	PHI Number* Suffix
D.O.B*	Does the patient identify as Aboriginal and/or Torres Strait Islander?
Contact Number*	Yes <input type="checkbox"/> No <input type="checkbox"/>

NEXT OF KIN DETAILS

GP DETAILS

Name	Name
Relationship	Practice
Contact Number	Contact Number

REFERRER DETAILS

TREATING SPECIALIST DETAILS

Hospital/Clinic	Same as referrer details – skip below
Referrer name*	Name
Referrer role*	Phone
Referrer signature*	Email or Fax
Referrer phone*	<i>Escalations will be managed by the patient's GP unless clinical need or treating specialist preference dictates otherwise</i>
Referrer email*	If specialist has requested they would prefer to take governance for all heart failure escalations for this patient please tick this box <input type="checkbox"/> Yes

PATIENT MEDICAL DETAILS

Diagnosis: HFrEF HFpEF HFmrEF Recent ejection fraction:
Past medical history
Any recent medical issues or complications <input type="checkbox"/> No <input type="checkbox"/> Yes – details
Infections <input type="checkbox"/> No <input type="checkbox"/> Yes – details
Known allergies <input type="checkbox"/> No <input type="checkbox"/> Yes – details
Referred to cardiac rehab <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> Not Suitable

MEDICATION TITRATION

Medication titration requested?

No

Yes & Dr

will take governance over medication titration.

Please complete the [Ramsay Connect medication titration form](#) and send with completed referral form

SUPPORTING DOCUMENTS

UEC & eGFR	FBC	LFTs	Echo (most recent)	Discharge Summary
Attached	Attached	Attached	Attached	Attached
Not available	Not available	Not available	Not available	Not available