

PROGRAM ADMISSION CRITERIA

INCLUSION CRITERIA	EXCLUSION CRITERIA
Met* <ul style="list-style-type: none">• Diagnosis of heart failure (and be likely to respond and actively participate in service)• Informed patient consent• Must meet Private Health Fund Eligibility	None* <ul style="list-style-type: none">• Advanced renal disease, dialysis• Advanced heart failure (not likely to respond and unable to actively participate in service)• Cognitive impairment, without required carer support• Technology restraints, no access to internet at home• Patient is bed bound

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? Yes No
Contact Number*	

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> If specialist has requested they would prefer to take governance for all heart failure escalations for this patient please tick this box Yes
Referrer email*	

PATIENT MEDICAL DETAILS

Diagnosis: HFrEF HFpEF HFmEF Recent ejection fraction:
Past medical history
Any recent medical issues or complications? No Yes – details
Infections No Yes – details
Known allergies No Yes – details
Referred to cardiac rehab No Yes Unknown Not Suitable

MEDICATION TITRATION

Medication titration requested?
No
Yes & Dr
will take governance over medication titration.
Please complete Ramsay Connect medication titration 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