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613-696-7138

Referral to Guideline Directed Medical Therapy Clinic

Program Description: The *GDMT Clinic* is an evidence-based program that aims to assist those with <u>heart failure and reduced ejection fraction (HFrEF, LVEF ≤40%)</u> reach optimal heart failure treatment. Patients will be seen by MD/APN for optimization (with aim to complete optimization in 3 months) and transitioned back to referring MD once optimized, unless referral for other ongoing cardiac care is clinically indicated.

Inclusion Criteria: 18 years of age or older with a documented LVEF in the past 3 years ≤ 40%.

Exclusion Criteria: Patients with LVEF is >40%, who have contraindications or intolerances to GDMT, are already on maximal GDMT, or who have stage D HF.

Signature:	Date of Request:	Referral From:
Primary Care Provider:	Phone:	Billing Number:
Phone:	Signature:	Fax:
Phone:	Primary Care Provider:	
Pharmacy Name:		
Phone:	Address:	
Patient Name: DOB (yy/mm/dd): Address: City: Health Card Number: Postal Code: Telephone: MRN:	Pharmacy Name:	
Address: City: Health Card Number: Postal Code: Telephone: MRN:	Phone:	Fax:
Address: City: Health Card Number: Postal Code: Telephone: MRN:		
Health Card Number: Postal Code: Telephone: MRN:	Patient Name:	DOB (yy/mm/dd):
Telephone: MRN:	Address:	City:
	Health Card Number:	Postal Code:
	Telephone:	MRN:

The following information <u>must</u> be included with referral:

- Patient's relevant past medical history
- List of current medications and allergies
- Recent bloodwork
- Recent imaging (e.g. TTE, MRI)

Please fax referrals to: 613-696-7138

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