

Heart Failure Program Referral Sheet

Date: _____

Physician/Cardiologist: _____

Pt. Name: _____

D.O.B.: _____

Pt. Phone: _____

- Aggressive Follow Up** (Patient's condition/understanding of disease/lifestyle changes is still uncertain. Follow-up every 1-2 weeks until stable; for known non-compliance or other clinical parameters for high risk for readmission)
- Routine Follow Up** (Patient is Stable and is appropriate for follow-up every 1-2 months; for routine assessment/education)
- A one-time Educational Visit & Telephonic Visits PRN** (Patient is a stable NYHA Class I or II or is NOT a candidate for regular follow-up in the Heart Failure Clinic)

Comments/Concerns:

Fax to: 714.744.8726

Attn: Sarah Atchison

Sarah Atchison, RN, BSN
Heart Failure Coordinator
Office Phone: 714.744.8858

www.sjo.org/heartandvascular

