Please Fax Form to 01515292724 or Email to Rajiv.Sankaranarayanan@liverpoolft.nhs.uk



LIVERPOOL HEART FAILURE MULTISPECIALITY MDT REFERRAL FORM

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	Patient Details (Print or affix addressograph label)
	Surname: Forename:
	Address:
	Postcode: DOB: NHS No:
DL	AGNOSIS (please circle) – HFrEF HF pEF
SP	ECIALIST INPUT REQUIRED (please circle)
	• HF Cardiologist –
	- Medication Advice - Need for IV Diuretics
	- Consideration of Device Therapy - Advanced HF / Transplant referral
	- Advanced Care Planning
	- Other (please specify)
	Nonhuclarist Danel diagnosis
	 Nephrologist - Renal diagnosis Cardiorenal syndrome with worsening renal function Post AKI advice

	- Hyperkalaemia - Renovascular disease
	- Nephrotic or nephritic syndrome
	- CKD with anaemia or mineral bone disease or acidosis or resistant hypertension
	- Renal transplant or dialysis assessment
	 Diabetes, Endocrine Consultant Poor Diabetes control (Latest HbA1c)
	Contraction
	 Geriatrician Frequent falls and possible relation to polypharmacy
	- Cognitive impairment without diagnosis
	- Consideration of ceilings of treatment
	• Chest physician
	- COPD / asthma treatment optimisation, Cor Pulmonale, Interstitial Lung Disease
	- Suspicion of sleep apnoea
	- Unilateral pleural effusion
	• Palliative Care Consultant
	- Need for out-patient or community palliative services
	- Need for hospice care
	Pharmacist, Clinical Pharmacologist
	- Medication reconciliation, adherence and review of polypharmacy
	- Issues regarding availability of medication
No	me of ReferrerDate
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