



Religious Hospitallers  
of Saint Joseph  
of the Hotel Dieu of Kingston  
HOTEL DIEU HOSPITAL

166 Brock Street, Kingston, ON K7L 5G2

**Patient Information:**

Name \_\_\_\_\_

DOB (yyyy/mm/dd) \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Heart Failure Clinic**

**Referral Form**

Telephone: 613-544-3400, ext. 3352

Facsimile: 613-544-4152

**Brief History:**

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**Medications:**

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**Diagnostic Test Results (please forward if available):**

Echocardiogram/Nuclear Medicine (MUGA/MIBI) \_\_\_\_\_ ECG \_\_\_\_\_ Coronary Angiogram \_\_\_\_\_  
Recent Chest x-ray \_\_\_\_\_ Recent creatinine, electrolytes, CBC \_\_\_\_\_ PFT/Spirometry \_\_\_\_\_

**Urgency of Referral:** within a week \_\_\_\_\_ within two weeks \_\_\_\_\_ within a month \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

Please fax the completed referral form to 613-544-4152.  
Patients will be notified with a date and time of an appointment.