THE FIRESTONE PULMONARY HYPERTENSION PROGRAM

St. Joseph's Hospital Hamilton -50 Charlton Avenue East, Hamilton, ON L8N 4A6

Nathan Hambly, MD, Associate Professor, Division of Respirology McMaster University
Andrea Gardner, RN BSN Clinical Nurse and Research Coordinator
Jenielle Findlater, Administrative Assistant
PHONE: 905-522-1155 ext. 36704 **FAX: 905-529-6515** **EMAIL: nhadmin@mcmaster.ca**

REFERRAL FORM

REFERRING PROVIDER			
Referring Provider Name		Fax Number	
Date of request		Billing #	
PATIENT DEMOGRAPHICS			
Patient First Name		Patient Last Name	
DOB (dd/mm/yyyy)		Health Card #	
Telephone:		Alternate Contact	
Address:			
Family Physician:			
PULMONARY HYPERTENSION REFERRAL INFORMATION			
Type of Referral:	☐ Urgent	☐ Semi-Urgent	☐ Routine
Reason for Referral: **Our sub-specialty program prioritizes the diagnosis, treatment and ongoing follow up of patients with WHO Group 1 (PAH) and 4 (CTEPH). Referrals for suspected WHO Group 2 (left heart disease) and 3 (lung disease) will be triaged and followed on a case-by-case basis.*	☐ PAH (Pulmonary Arterial Hypertension) with suspected or confirmed history of: ☐ Familial history of pulmonary hypertension or PVOD ☐ Known drugs/toxins associated with PH such as Methamphetamine or Dasatinib ☐ Systemic sclerosis ☐ Autoimmune/Connective tissue disease ☐ Liver disease ☐ Congenital Heart disease ☐ CTEPH (Chronic Thromboembolic Pulmonary Hypertension) ☐ Other (please specify):________________________________ ____		

FAX COMPLETED REFERRAL TO: 905-529-6515

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REFERRAL FORM-*continued*

REQUIRED FOR REFERRAL: please include the following reports with referral	
☐ Patient demographics ☐ Recent office notes including relevant past medical history and current medication list ☐ Echocardiogram within last 6 months	
IF APPLICABLE: Please include any of the following available reports with referral	
☐ Right Heart Catheterization ☐ Pulmonary Function Testing/Spirometry ☐ Sleep study ☐ Relevant bloodwork (BNP/NTproBNP, autoantibodies, etc)	☐ VQ scan ☐ CT chest ☐ Chest X-Ray ☐ Other:____________

eConsult Availability: If you feel that this referral would be best reviewed via the Ontario eConsult Program, please send the referral through OTNhub. You can find information and instructions here: https://econsultontario.ca/health-professionals/

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