

# Primary Care Referral Letter

Pharmacy name:

Pharmacy address:

Pharmacy phone number/email:

Pharmacy fax number:

Pharmacy Logo

Date:  /  /

**Dear Dr.**

My name is , and I am a local pharmacist. Our pharmacy is looking to enhance our involvement in heart failure (HF) care, by launching an initiative in which we will focus on identifying pharmacy patients at risk of HF, and those who have been diagnosed with HF and have worsening symptoms. We may refer such patients to their primary care physician for appropriate screening and timely intervention. As part of this initiative, we will be especially focused on high-risk diagnosed patients with increasing symptom burden and/or multiple comorbidities (eg, hypertension, diabetes).

This letter is in regard to a recent discussion I had with our mutual patient after conducting a review of their current medication and their health history:

Based on the outlined assessment conducted at the pharmacy, which I have included in this letter (see pages 2 and 3), they may benefit from HF assessment and testing.

I shared a patient information leaflet with the patient that explains HF and why I conducted an assessment, and will follow up with the patient in , as required.

Thank you for your consideration of the recommendations we have included in this letter (see page 3).

Please do not hesitate to reach out to me directly if you require additional discussion. I look forward to hearing from you.

**Sincerely, your patient care partner,**

# Primary Care Referral Letter (cont'd)

## Action Taken at Pharmacy

- Our mutual patient may be at risk of HF.
- Our mutual patient has been diagnosed with HF and may be at risk of worsening symptoms.

## Assessment of current symptoms<sup>1,2</sup>

The patient may be at risk of HF or worsening symptoms due to the identification of the following signs and symptoms:

- |   |   |
|---|---|
| <input type="checkbox"/> Breathlessness/shortness of breath [SOB] (dyspnoea)  | <input type="checkbox"/> Arrhythmia                                 |
| <input type="checkbox"/> SOB when lying down (orthopnoea)   | <input type="checkbox"/> Reduced exercise tolerance                 |
| <input type="checkbox"/> SOB during sleep that comes on suddenly, causing patient to wake (paroxysmal nocturnal dyspnoea) | <input type="checkbox"/> Inability to exercise                      |
| <input type="checkbox"/> Persistent coughing  | <input type="checkbox"/> Fatigue, tiredness                         |
| <input type="checkbox"/> Coughing at night (nocturnal cough)  | <input type="checkbox"/> Unintentional weight gain (eg, >2 kg/week) |
| <input type="checkbox"/> Wheezing   | <input type="checkbox"/> Bloating feeling                           |
| <input type="checkbox"/> Swelling (oedema) in ankles, legs, feet, abdomen   | <input type="checkbox"/> Feeling full after meals                   |
| <input type="checkbox"/> Other .....  | <input type="checkbox"/> Loss of appetite                           |
|   | <input type="checkbox"/> Nausea                                     |
|   | <input type="checkbox"/> Difficulty concentrating or confusion      |

## Assessment of current conditions and lifestyle risk factors<sup>3-5</sup>

In addition to the symptoms identified above, the patient may be at an increased risk of HF or worsening symptoms due to the following risk factors:

- |   |  |
|---|--|
| <input type="checkbox"/> High blood pressure                              | <input type="checkbox"/> Previous diagnosis of other heart-related conditions (eg, ischaemic heart disease, cardiomyopathy, valvular heart disease, atrial fibrillation) |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Sleep apnoea  |
| <input type="checkbox"/> Dyslipidaemia                                    | <input type="checkbox"/> Excessive use of alcohol or drugs   |
| <input type="checkbox"/> Comorbidities (eg, chronic kidney disease [CKD]) | <input type="checkbox"/> Overweight or obesity   |
| <input type="checkbox"/> Infection  | <input type="checkbox"/> Smoking   |
| <input type="checkbox"/> Previous heart attack                            |  |
| <input type="checkbox"/> Other .....                                      |  |

## Comments

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## Primary Care Referral Letter (cont'd)

Assessment of current medication regimen for our patient diagnosed with HF

Current documented HF medications include the following:

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Assessment of nonpharmacological management and lifestyle modification<sup>1</sup>

Smoking cessation

Vaccination

Physical activity

Alcohol intake

Healthy eating

Salt intake

Monitoring weight

Sleep health

Other .....

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### Recommended Assessments

May benefit from HF screening to rule in/out diagnosis

Currently has an HF diagnosis and may benefit from further assessment and/or review of medications

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# Primary Care Referral Letter (cont'd)

## Notes

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## References

1. Bozkurt B et al. *Eur J Heart Fail.* 2021;23:352-380.
2. Heart Failure Society of America (HFSA). Heart failure facts & information. Available at: <https://hfsa.org/patient-hub/heart-failure-facts-information>. Accessed August 2024.
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4. American Heart Association (AHA). What is heart failure? Available at: <https://www.heart.org/-/media/Files/Health-Topics/Answers-by-Heart/What-Is-Heart-Failure.pdf>. Accessed August 2024.
5. American Heart Association (AHA). Risks for heart failure. Available at: <https://www.heart.org/en/health-topics/heart-failure/causes-and-risks-for-heart-failure>. Accessed August 2024.

Supported by



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