 **Heart Connect aims to help heart failure patients manage their condition better through support delivered by phone. It involves five support calls from Irish Heart Foundation staff and nurses on a monthly basis.**

**Heart Failure Service Consent Referral Form**

**Heart Connect Service**

Please note this referral form is for patients with a **clinical diagnosis of Heart Failure**

**GPs clinics can refer their patients to the service through Healthlink.**

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| **Name of person referred into the service:**  **Date of Birth:**  **Email:**  **Phone:**  **Address: Eircode:**  **Next of Kin (Name & Number):**  **Date/Year of Heart Failure diagnosis:**  **Other medical conditions (if relevant):**  **Any communication or language barriers:**  **Comments/Notes:** |
| **Referrer Information**  **Name:**  **Role:**  **Referring Hospital/Clinic/Hub:**  **Phone Number:**  **Other Contact Information:**  **Please confirm that this patient is aware of their Heart Failure diagnosis** |
| **Consent**  **Please confirm that this referral has been verbally consented by checking this box** **and the patient is happy to take part in the Heart Connect Service** |
| **Fair Processing Notice:** By providing this verbal consent, you agree to the HSE sharing your contact details with the Irish Heart Foundation to be involved in the IHF Heart Failure Support Service. The IHF will store your data on their secure systems, in line with the GDPR, for 5 years and will not share it with any other parties. If you have any queries on this, please contact [heartfailure@irishheart.ie](mailto:heartfailure@irishheart.ie) |

**This referral form and any queries can be sent via email at** [**heartfailure@irishheart.ie**](mailto:heartfailure@irishheart.ie)

**Or by post** to Vicky De Arce at Irish Heart Foundation, 17-19 Rathmines Road Lower, Dublin D06C780

**If you have queries, please contact us on** [**heartfailure@irishheart.ie**](mailto:heartfailure@irishheart.ie)or **call us on 01 668 5001**