Date: [Date]

To: [Cardiologist Name]
[Clinic/Hospital Name]
[Address]

RE: Heart Failure Management Request
Patient Name: [Patient Name]
Date of Birth: [DOB]
NHS/Medical Record Number: [ID Number]

Dear Dr. [Cardiologist Last Name],

I am referring this patient for specialist cardiology review and optimization of heart failure management.

Clinical Background:
The patient has a confirmed/suspected diagnosis of heart failure with [Preserved/Reduced] Ejection Fraction. Recent Echocardiogram on [Date] showed an LVEF of [%].

Current Symptoms:
The patient is currently NYHA Class [I-IV]. Primary symptoms include [shortness of breath, edema, fatigue, or orthopnea].

Current Medications:
[List current medications, e.g., ACEi/ARNI, Beta-blocker, MRA, SGLT2i, Diuretics]

Reason for Referral:
[E.g., Medication titration, persistent symptoms, consideration for device therapy (ICD/CRT), or diagnostic clarification.]

Relevant Comorbidities:
[E.g., Chronic Kidney Disease, Hypertension, Diabetes, Atrial Fibrillation]

Please find the most recent pathology results and ECG reports attached. We look forward to your recommendations regarding the long-term management of this patient.

Sincerely,

[Your Name]
[Your Title/Role]
[Facility Name]
[Contact Information]