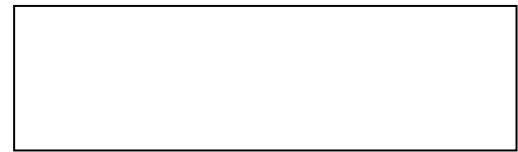




Heart Rhythm Referral Form



Date of Referral: _____

Referring Physician _____ Requested Procedural Physician _____ or First available

Phone _____ - _____ - _____

Fax _____ - _____ - _____

Patient Location

- Elective
- Emergent (while in hospital) PT hospital location: _____
- Semi-Urgent (within 2 weeks)

Reason for Referral EP Consultation Only New VVI- ICD New DDD-ICD New CRT-D New CRT-Pacemaker Loop Recorder

Replacement Device Indicate type _____ Upgrade Device (*Includes PM to ICD or CRT*)

ICD/CRT Device Indication: Primary Secondary

ICD Ischemic CM Non-Ischemic CM Inherited Arrhythmia Syndrome

CRT-D NYHA _____ QRS _____ ms (per most recent ECG)

CRT-P NYHA _____ QRS _____ ms (per most recent ECG)

Implantable Loop recorder

Lead ONLY (Type) _____ Insertion Revision Replacement Extraction

DFT Testing (ICD, CRT-D)

Ablation/ Diagnostic Study

**** Bold elements in red MANDATORY for Atrial Fibrillation**

Diagnostic Study **Atrial Fibrillation** **Persistent** **Paroxysmal**

Atrial Flutter AVNRT AV Node Ablation AVRT/WPW Ventricular Tachycardia

Other please specify _____

Co morbidities

LA diameter _____ mm **Method Obtained:** ECHO Cardiac CT Unknown

Ejection Fraction Method _____ % Date _____

Syncope Yes (date) _____ No

Cardiac Arrest Yes (date) _____ No

History of MI Yes (date) _____ No

Previous CABG Yes (date) _____ No

Previous PCI Yes (date) _____ No

Hyperlipidemia **Hypertension**

Renal Disease **Heart Failure**

Anticoagulant (type) _____ **Diabetes**

Prior CVA/TIA/Thromboembolism **Vascular Disease**

COPD Creatinine _____ μ mol/L

Medications

Antiarrhythmic

Beta Blockers

Amiodarone

Anti-Platelet

ARB's

Ca Channel Blockers

Ace Inhibitors

Diuretics

Acceptance Date (completed by procedural physician) _____

Fax Referral and Supporting Documents to Service Location/Physician (Include Recent 12 lead ECG, Consult, Hx and Physical, Cardiac Echo, List of Meds/dosages, Device interrogation if applicable) **For an updated list of Fax numbers** please see: Regional Cardiac Care Coordinators contact list located at: http://www.ccn.on.ca/ccn_public/FormsHealthCareProvider/resourcesforms.aspx