

# ARRHYTHMIA REFERRAL FORM

## URGENCY

☐ Elective ☐ Urgent (within 2 weeks) ☐ Emergent | Location & Admitting Date: \_\_\_\_\_

## PATIENT & APPOINTMENT INFORMATION

Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ ☐ Male ☐ Female  
 Address: \_\_\_\_\_  
 Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
 OHIP #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### DATE OF REFERRAL

Date: D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_

### DATE OF ACCEPTANCE

Date: D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y/ \_\_\_\_\_

Patient Label

## INDICATION & PHYSICIAN NOTES

**N Y**  
☐ Syncope/Pre-Syncope ☐ VT  
☐ Cardiac Arrest ☐ VF  
☐ Sinus Bradycardia/Arrest  
☐ Advanced AV Block/CHB  
☐ Post MI LV Dysfunction  
☐ Other: \_\_\_\_\_  
**Inherited Arrhythmia Syndromes:**  
☐ Long QT ☐ HCM  
☐ Brugada ☐ ARVD  
☐ Other: \_\_\_\_\_

## PHYSICIAN INFORMATION

Referring Physician: \_\_\_\_\_

Procedure Date: \_\_\_\_\_

☐ First Available or Requested Physician:

## PROFESSIONAL SERVICES

### Consultation

☐ Clinical Consultation ☐ OTN Consultation

Requested Date: \_\_\_\_\_

### Devices

**New**  
☐ ILR ☐ ICD-Single  
☐ PPM-Single ☐ ICD-Dual  
☐ PPM-Dual ☐ CRT-D  
☐ CRT-P  
☐ Upgrade: \_\_\_\_\_  
☐ Downgrade: \_\_\_\_\_  
☐ Pocket Revision ☐ Explant ☐ DFT Testing  
**Lead:** ☐ Insertion ☐ Revision ☐ Replacement ☐ Extraction  
 Current Device: \_\_\_\_\_  
 Current Lead(s): \_\_\_\_\_

**Replacement (Device/Leads)**  
☐ Advisory ☐ ERI/EOL  
☐ Infection/Erosion ☐ Other  
☐ Advisory > 6 Months

### Electrophysiology

**Ablation**  
☐ SVT  
☐ AVNRT  
☐ AVRT/WPW  
☐ Atrial Flutter  
☐ Atrial Tachycardia  
☐ Ventricular Tachycardia  
☐ Other: \_\_\_\_\_

**Diagnostic Study**  
☐ Complex  
☐ Atrial Fibrillation  
☐ Persistent  
☐ Paroxysmal  
☐ 3D Mapping  
 Type: \_\_\_\_\_  
*\*LA Diameter, LV Function & comorbidities are required*

LA Diameter: \_\_\_\_\_ mm Method: ☐ Echo ☐ Other: \_\_\_\_\_  
 Ejection Fraction \_\_\_\_\_ % Date: \_\_\_\_\_

## COMORBIDITY ASSESSMENT

QRS Duration \_\_\_\_\_ **N Y**  
 NYHA: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A  
 Creatinine \_\_\_\_\_ umol/L ☐ Known ☐ Pending ☐ Not Done  
☐ Diabetes ☐ Control: ☐ Diet ☐ Oral ☐ Insulin ☐ Unknown ☐ None  
☐ History of MI  
☐ Recent MI Recent MI Date: \_\_\_\_\_  
☐ Previous CABG Prev. CABG Date: \_\_\_\_\_  
☐ Previous PCI Pre. PCI Date: \_\_\_\_\_

**N Y**  
☐ Dialysis  
☐ Hypertension  
☐ Dyslipidemia  
☐ COPD  
☐ Dye Allergy  
☐ History of CHF  
☐ Vascular Disease  
☐ Prior Stroke/TIA/  
 Thromboembolism

Anticoagulants: ☐ Apixaban (Eliquis) ☐ Dabigatran (Pradax) ☐ Rivaroxaban (Xarelto) ☐ Warfarin (Coumadin)  
 Antiplatelets: ☐ ASA ☐ Clopidogrel (Plavix) ☐ Ticagrelor (Brilinta)  
☐ Other: \_\_\_\_\_  
 Allergy: \_\_\_\_\_