

HEART RHYTHM SERVICES REFERRAL

Atrial Fibrillation/Atrial Flutter (AFIB/FL) Management
 Complex Arrhythmia Management
 Complex Cardiac Device

TRIAL

Patient Name (last) _____
 (first) _____
 DOB _____ PHN _____
 Address _____

Referral Date	<input type="checkbox"/> AFIB/FL Management	<input type="checkbox"/> New Referral
Referring Provider	<input type="checkbox"/> Complex Arrhythmia Management	<input type="checkbox"/> Re-referral
Referring Phone	<input type="checkbox"/> Complex Cardiac Device	

Fax completed Referral Form and ALL required documents to Heart Rhythm Clinic at (250) 862-4399

Required Documents: DO NOT PRINT OR Fax reports available on Meditech

- | | |
|--|--|
| <ul style="list-style-type: none"> • History/Consult • ECG with Documented Arrhythmia • Current Medication List | <p>If available</p> <ul style="list-style-type: none"> • Recent Lab Work (including TSH) • Cardiac Imaging (ECHO, MUGA, MRI, Angio, MIBI, CT) • Chest X-ray • Holter Report/Event Monitor (including full disclosure ECG strips) • Cardiac Device Interrogations |
|--|--|

Patient Status Outpatient Inpatient Site _____ Unit _____

AFIB/FL Education

Reason for Referral: Education Only

AFIB/FL Management *(see reverse for details)*

- Reason for Referral: Electrophysiology/ Cardiology Referral and Education – *For initial arrhythmia consults, consider sending referral to Cardiology / Internal Medicine (where appropriate) first*
- Medication Management and Education (available only to enrolled cardiologists)
- if starting medication now, attach a copy of the prescription to this referral form or provide details (medication and dose) in the comments below

Comments _____

Complex Arrhythmia Management – *For initial arrhythmia consults, consider sending referral to Cardiology/Internal Medicine (where appropriate) first*

Reason for Referral _____
 Comments _____

Complex Cardiac Device (Implantable Cardioverter Defibrillator (ICD) or Cardiac Resynchronization Therapy (CRT) *(Requires referral from specialist (Cardiology/Internal Medicine)*

For Pacemaker Referrals complete CIED Referral Form #855194

Reason for Referral: New Implant Existing Device Concern
 Other _____

Existing Device Information (Make/Model) _____
 Comments _____

Permanent part of the health record

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Background Information**AFIB / FL Management**

Atrial fibrillation / flutter management is conducted by an interdisciplinary team made up of cardiologists, nurse practitioners, a clinical pharmacist, and a registered nurse. The goal of the program is to provide education and medication management to improve the quality of life for patients experiencing AFIB / FL. Enrollment in the medication management program requires the patient to have a treatment plan established by the referring specialist (enrolled cardiologist). The interdisciplinary team will utilize specific medication protocols to implement the individualized treatment plan.

Education only:

- group education sessions about AFIB / FL and its treatment options OR
- virtual education sessions about AFIB / FL and its treatment options

Electrophysiology / Cardiology and Education referral - *For initial arrhythmia consults, consider sending referral to Cardiology/Internal Medicine (where appropriate) first*

- Education as above
- ordering of tests or procedures
- referrals to other programs and services as required
- consultation with a cardiac electrophysiologist if patient has failed antiarrhythmics or needs assessment for possible ablation

Medication Management and Education (available only to enrolled cardiologists):

- Education as above
- counselling and information about AFIB / FL and medications
- telephone follow-ups to help plan care and treatment
- ordering of tests or procedures
- referrals to other programs and services as required
- consultation with a registered nurse or pharmacist, to initiate, titrate and monitor an individualized treatment plan

For office use only:

Referral Urgency: Urgent (within 14 days) Semi-Urgent (within 90 days) Routine (within 180 days)

Notes _____

Reviewed by _____ Date _____

Permanent part of the health record