



Atrial Fibrillation Clinic
 Royal Jubilee Hospital
 1952 Bay Street
 Royal Block, 3rd Floor, Rm 343
 Victoria, B.C. V8R 1J8
 Phone: 250-370-8632
 NEW FAX NUMBER: 250-519-1893

Name: _____
 DOB: _____ M/F
 PHN: _____ MRN:
 Address: _____
 Telephone number: _____

REFERRAL FORM (PLEASE NOTE: ECG DOCUMENTATION OF AF or AFL IS REQUIRED)**

Date: _____ Referring physician/NP (please print) _____ Total # pages: ____

Referred from: Primary care ED Cardiologist
 Internist Other _____

Purpose of referral (Check one):

Cardiologist assessment and management (**attach med list**)

** Patient may be streamed to electrophysiology services or general cardiology based on telephone intake.*

** Does the patient have language or cognitive barriers to completing a telephone intake YES Please provide alternative contact: _____*

Education Only (**NO CARDIOLOGIST ASSESSMENT**)

Indications for referral (Check all that apply):

- Assistance with medication trials
- Assistance with management decision (Rate control; Rate vs. rhythm)
- Assistance with stroke prevention &/or anticoagulation
- Assistance with decision/access to cardioversion
- Assistance with decision/access to ablation
- Assistance with patient education & self-care management

Cardiologist consult notes to be copied to: (please specify)

For Cardiologist to assess we require the following to process:

	Done	Pending
12 Lead ECG or Holter documenting AFIB/AFL		
Hematology Profile		
Electrolyte Panel		
Liver Function		
Renal Function Tests		
Thyroid Function		
BNP (brain natriuretic peptide) if symptoms of HF		
Other available cardiac test results		

Please provide the following history:

New diagnosis AF? YES NO

Paroxysmal or Persistent (circle one)

Stroke Risk Factors: (check applicable)

- Age >65 Diabetes
- Hypertension Heart Failure
- Stroke/TIA

Has OAC been started? YES NO

Symptoms when in AF:

AF treatment history: (med trials, cardioversions, ablations)

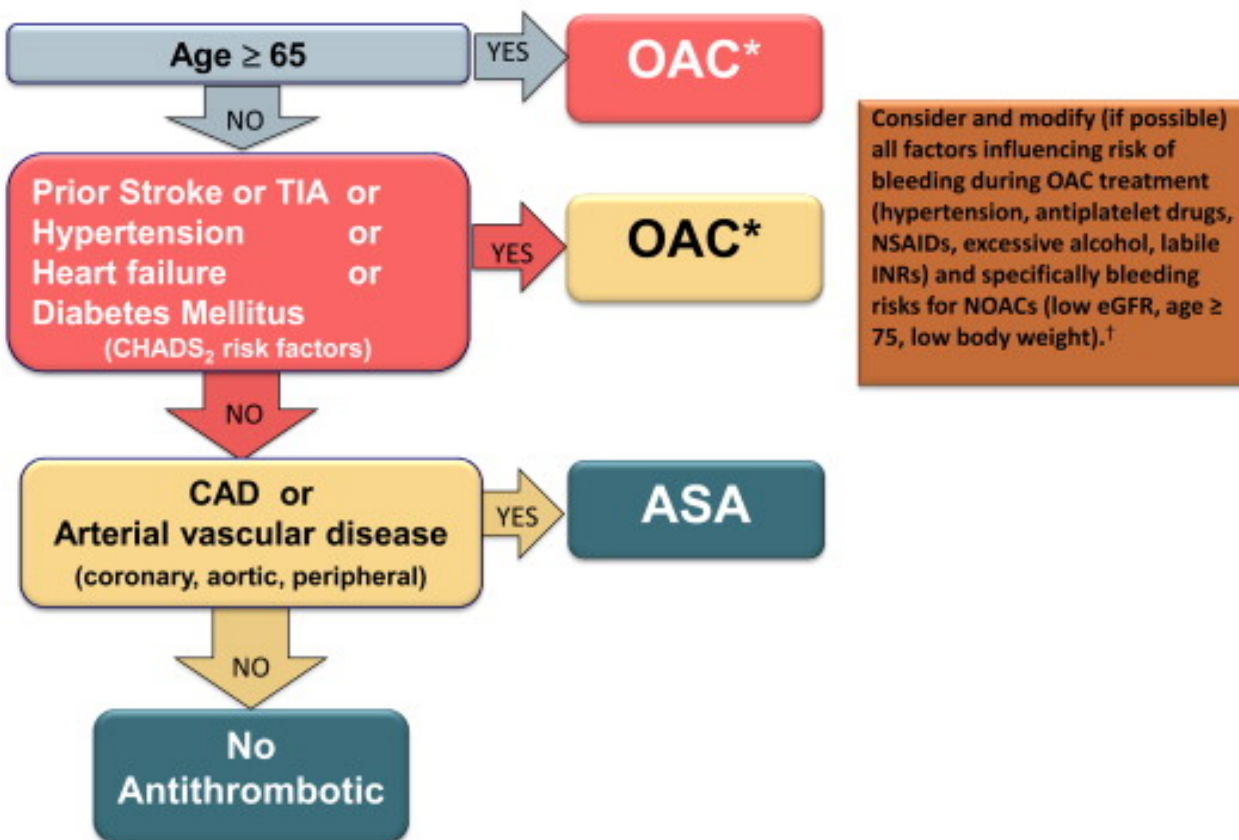
Other cardiac history:

Comments:

Physician/NP Signature: _____ Ph: # _____

Stroke Risk Assessment

The “CCS Algorithm” for OAC Therapy in AF



<http://www.ccsguidelineprograms.ca>

Definitions

† Might require lower dosing.

AF, atrial fibrillation or atrial flutter; OAC, oral anticoagulant; ASA, acetylsalicylic acid; CAD, coronary artery disease; CCS, Canadian Cardiovascular Society; CHADS₂, Congestive Heart Failure, Hypertension, Age, Diabetes, Stroke/Transient Ischemic Attack; eGFR, estimated glomerular filtration rate; INR, international normalized ratio; NOAC, novel oral anticoagulant; NSAID, nonsteroidal anti-inflammatory drug; TIA, transient ischemic attack.¹

Reference:

1. Verma A, Cairns J, Mitchell L et al, CCS Atrial Fibrillation Guidelines Committee. 2014 Focused Update of the Canadian Cardiovascular Society Guidelines for the Management of Atrial Fibrillation. Can J Cardiol 2014 Oct;30(10):1114-30. Epub 2014 Aug 13

Accessible from: [http://www.onlinecjc.ca/article/S0828-282X\(14\)01249-5/fulltext](http://www.onlinecjc.ca/article/S0828-282X(14)01249-5/fulltext)

