

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:

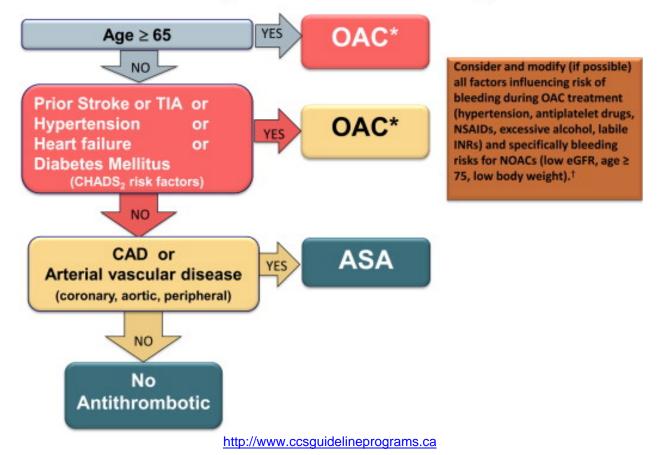
REFERRAL FORM (**PLEASE NOTE: ECG DOCUMENTATION OF AF or AFL IS REQUIRED)

Date:Referring physician/NP (please print)			Total # pages:
Referred from:Primary careEDInternistOther		rdiologist	Please provide the following history:
			New diagnosis AF? YES 🗖 NO 🗖
Purpose of referral (Check one): Cardiologist assessment and management (attach med list)		Paroxysmal or Persistent (circle one)	
* Patient may be streamed to electrophysiology services or general cardiology based on telephone intake.		Stroke Risk Factors: (check applicable)	
* Does the patient have language or cognitive barriers to completing a telephone intake YES Please provide alternative		 Hypertension Heart Failure Stroke/TIA 	
contact:			Has OAC been started? YES 🗖 NO 🗖
Education Only (NO CARDIOLOGIST ASSESSMENT)		Symptoms when in AF:	
Indications for referral (<i>Check all that apply</i>): Assistance with medication trials Assistance with management decision (<i>Rate control; Rate vs. rhythm</i>) 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: (<i>please specify</i>) 		AF treatment history: (med trials, cardioversions, ablations)	
	Done	Pending	
12 Lead ECG or Holter documenting AFIB/AFL			Other cardiac history:
Hematology Profile			other bardiab history.
Electrolyte Panel			
Liver Function			
Renal Function Tests			
Thyroid Function			
BNP (brain natriuretic peptide) if symptoms of HF			
Other available cardiac test results			Letter and the second se

Comments:

Stroke Risk Assessment

The "CCS Algorithm" for OAC Therapy in AF



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, **C**ongestive Heart Failure, **H**ypertension, **A**ge, **D**iabetes, **S**troke/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:

 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



Excellent care, for everyone, everywhere, every time.



Hello,

You have a new diagnosis of Atrial Fibrillation and/or Atrial Flutter. Please view the Atrial Fibrillation Clinic Education videos at:

https://www.islandhealth.ca/our-services/heart-health-services/atrialfibrillationclinic-heart-health



If you've been prescribed a blood thinner in the ER, it is important to continue taking it without stopping, unless you have been told exactly how long to take it. You may need to see your family doctor, nurse practitioner or Walk In Clinic to have your prescription renewed and ensure appropriate management.

If you've seen the videos, and you have further questions about Atrial Fibrillation and treatment, please call and leave a message at 250-370-8632 to receive a non-urgent call back from a clinician.

Thank you,

Island Health Atrial Fibrillation Clinic Team

Open Monday-Friday 8-4, closed weekends and statutory holidays

Island Health Atrial Fibrillation Clinic *Located at*: Royal Jubilee Hospital, Royal Block, 3rd Floor, Rm Tel: 250-370-8632 | Fax: 250-519-1893 343 | Victoria, BC V8R 1J8 Canada Mailing address: Royal Jubilee Hospital, 1952 Bay Street, RB-3, Rm 343 | Victoria, BC V8R 1J8 Canada

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