CARDIAC CARE NETWORK

Heart Rhythm Referral Form **FAX 416-340-5338**

Patient Name____ **Date of Referral** ____________________________________
MRN: _________________________
DOB___________________________
Phone_________-_______-______________________

Referring Physician ____________________________ Requested Procedural Physician____________________________
□ or First Available

Patient Location
□Emergent (while in hospital) PT hospital location____
□Semi-Urgent (within 2weeks)
□Elective

Procedure Requested: □ New implant □ ICD □ CRT-D
□ PGR □ ICD □ CRT-D □ Upgrade
□ Implantable Loop recorder
□ Pocket Revision
□ Device Explant
□ Lead □ Insertion □ Revision □ Replacement □ Extraction □ Laser
□ DFT Testing (ICD, CRT-D)

Indication □ Primary □ Secondary
NYHA__________ QRS___________ms
□ Ischemic CM □ Non-ischemic CM

Ablation/Diagnostic Study
□ Diagnostic Study □ Atrial Fibrillation □ Persistent □ Paroxysmal □ Atrial Flutter □ SVT/AVNRT
□ AV Node Ablation □ AVRT/WPW □ Ventricular Tachycardia □ Carto/Complex □ Right Heart Cath
□ Other - please specify ____

Co morbidity

Ejection Fraction Method ___________ _________% Date __________

LA diameter ___________ Method □ ECHO □ Cardiac CT

Syncope □ Yes □ No

Cardiac Arrest □ Yes (date) __________ □ No

Previous MI □ Yes (date) __________ □ No

Previous CABG □ Yes (date) __________ □ No

Previous PCI □ Yes (date) __________ □ No

□ Hypertension

□ Hyperlipidemia

□ Diabetes

□ Renal Disease

□ COPD

□ CHF (Heart Failure))

□ Prior Stroke/TIA/Thromboembolism

□ Vascular Disease (previous MI, peripheral arterial disease or aortic plaque

Medications

□ Antiarrhythmics

□ Beta Blockers

□ Amiodarone

□ Anti-Platelet

□ ARB's

□ Ca Channel Blockers

□ Diuretics

□ Anticoagulant__________

□ Ace Inhibitors

Accepting Physician _____________________________________ **Acceptance Date** ____________________________________

Procedure Date _____________________________________

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 Information/interrogation if applicable)

Revised March 2013