



REQUEST FOR HEART RHYTHM DEVICE IMPLANT

PATIENT LABEL

**Page 1** of this Heart Rhythm Device Implant Form is for the Referring Physician to complete

**Page 2** is for Electrophysiologist to complete upon receipt of referral and **MUST** be signed prior to heart rhythm device implant

Date of Referral: \_\_\_\_\_

Date Referral Received: \_\_\_\_\_

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

Discussed with Implanter? Name: \_\_\_\_\_

Contact Details of Referring Physician: \_\_\_\_\_

In-patient  Out- patient

**DOES THIS PATIENT HAVE A TEMPORARY PACING WIRE IN SITU?**  YES  NO

**\*All patients require an Echocardiogram < 12 months, or with any acute change in clinical condition\***

**\*please attach any consult notes/clinical history and documentation of heart rhythm (ECG/Holter)\***

**Procedure Requested:**

- First implant permanent pacemaker
- Pacemaker generator change
- Loop monitor insertion

**EP directed procedures:**

- First implant ICD/CRT
- Upgrade to ICD/CRT
- Generator change ICD/CRT

**Main Indication for Device Request:**

- Symptomatic sinus node dysfunction
- 2<sup>nd</sup> degree AVB  3<sup>rd</sup> degree AVB
- AF with symptomatic slow rates
- tachy-brady syndrome
- unknown cause syncope

**EP directed indications:**

- Primary prevention VT/VF
- Secondary prevention VT/VF
- Pre AV node ablation
- CHF requiring resynchronization

QRS Duration on ECG: \_\_\_\_\_

Ejection Fraction: \_\_\_\_\_

**Include all ECG's and Tracings**

**Date/method obtained** \_\_\_\_\_

Left Bundle Branch Block?  Yes  No

**Underlying Rhythm:**

**Intrinsic ventricular rate:** \_\_\_\_\_

Sinus/AF/other \_\_\_\_\_

**Additional Required Clinical Information:**

**Oral Anticoagulation:**  None  Warfarin, DOACs \_\_\_\_\_

Antiplatelet, drug/dosage: \_\_\_\_\_

Most recent INR/Date: \_\_\_\_\_ (Note continue uninterrupted warfarin pre-implant – target INR 2-3)

Isopril/Dopamine/Other (Dose and last given):

Any current infection (on antibiotics/elevated WBC)?  Yes  No

Please Fax all Referrals to RJH EP Coordinator **250-370-8344 (fax)**

RJH EP Coordinator's office **250-370-8553 (telephone)**



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Is this patient approved for heart rhythm device implant?  Yes  No  
If No, Reason (and fax back to referring physician):

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Does this patient require assessment by an Electrophysiologist?  Yes  No

Device type: \_\_\_\_\_

Specific device (if indicated): \_\_\_\_\_

Required Device Features (if indicated): \_\_\_\_\_

Specific Programming (if indicated): \_\_\_\_\_

**Urgency: Inpatient:**  <24 hours  24-72 hours  > 72 hours  
**Outpatient:**  Pacemakers within 14 days  Pacemakers within 42 days  CRT-D/ ICD > 56 days

**Implanting Centre:**  RJH  RJH or NRGH  
**Implanting Physician:**  EP  Surgeon or EP

\* Please Fax all Referrals to RJH EP Coordinator **250-370-8344**

**Reviewed/Approved by:**

**All Heart Rhythm Device Types**

Dr. Richard Leather \_\_\_\_\_  Dr. Paul Novak \_\_\_\_\_  
 Dr. Markus Sikkell \_\_\_\_\_  Dr. Laurence Sterns \_\_\_\_\_  
 Dr. Martin Van Zyl \_\_\_\_\_  Dr. Michael Thibert \_\_\_\_\_

**Pacemakers only:**

Dr. Kevin Lai (NRGH) \_\_\_\_\_  Dr. Mina Aziz (NRGH) \_\_\_\_\_  
 Dr. Kristyn Campbell (Campbell River) \_\_\_\_\_

Date Approved: \_\_\_\_\_