



Atrial Fibrillation Clinic  
 Royal Jubilee Hospital  
 1952 Bay Street  
 Royal Block, 3<sup>rd</sup> 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)

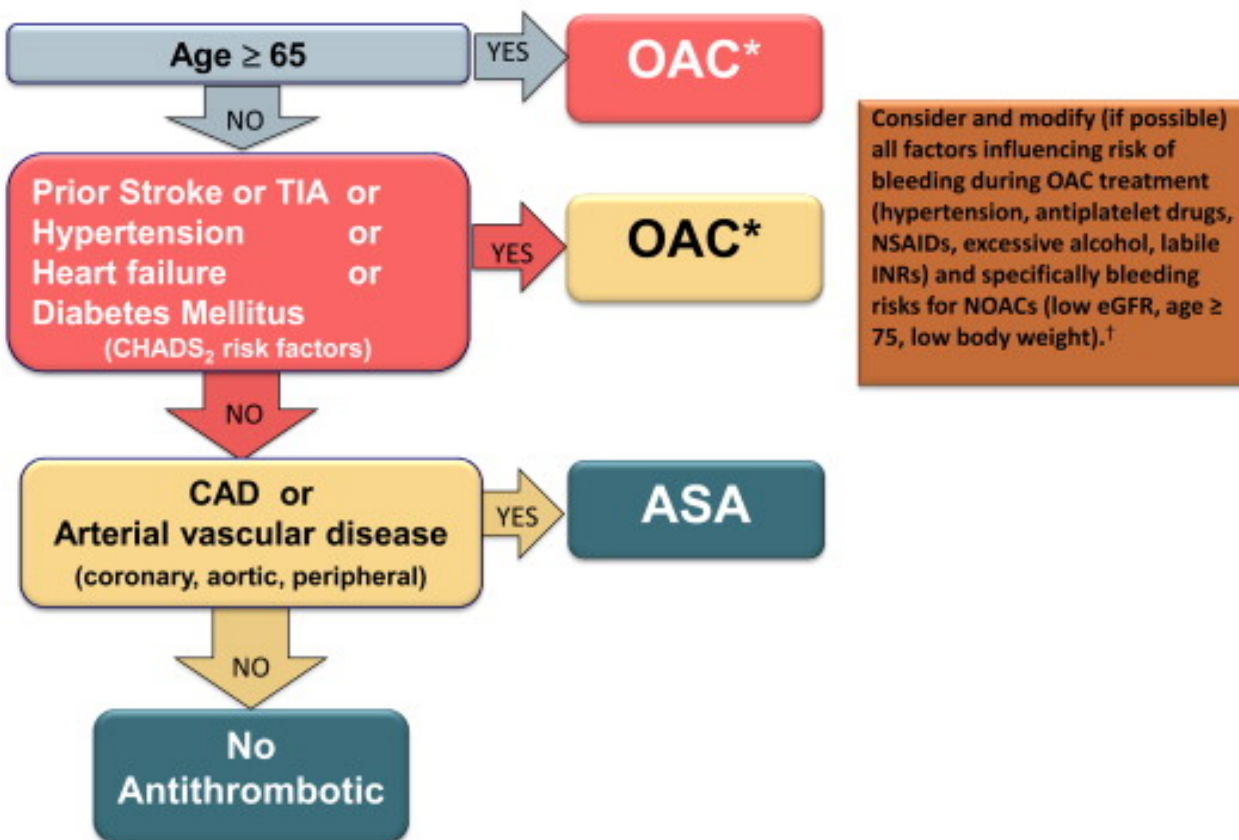
**Other cardiac history:**

**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; CHADS<sub>2</sub>, 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.<sup>1</sup>

### 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)

