



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 Urgent Semi-urgent Routine

Additional information affecting urgency/ device choice: Yes No

Reason: _____

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
- 2nd degree AVB 3rd 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 _____

EGFR: _____

(Consider Leadless PPM if <30 and age <80)

Additional Required Clinical Information:

Oral Anticoagulation: None Warfarin Other/Isopril/Dopamine (Dose and last given)/DOACs

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

Antiplatelet, drug/dosage: _____

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

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

RJH EP Coordinator's office 250-370-8553



REQUEST FOR HEART RHYTHM DEVICE IMPLANT

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Additional information affecting urgency/ device choice: Yes No

Reason: _____

Is this patient approved for heart rhythm device implant? Yes No

If No, Reason (and fax back to referring physician):

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. Mina Aziz (NRGH) _____ Dr. Kristyn Campbell (Campbell River) _____

Other Cardiologist _____

Date Approved: _____