
Atrial Fibrillation Clinic Referral Form (For Education Only)

If a patient has new onset of atrial fibrillation or is requiring information, the patient may be referred to the Atrial Fibrillation Clinic for **Education only**. Patients will be contacted by the AFC clerk to arrange the session.

The following information is required:

Name of patient: _____

Address: _____

Telephone #: _____

PHN: _____

DOB: _____

Date of referral: _____

Referred by: _____ **GP:** _____

Please **fax this referral form** to the AFC at **250-519-1893**.

If you have any questions please call the clinic at 250-370-8632.

Thank you,

Atrial Fibrillation Clinic

VIHA Atrial Fibrillation Clinic

Located at: Royal Jubilee Hospital, Royal Block, 3rd Floor,
Rm 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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