Atrial Fibrillation Clinic
Royal Jubilee Hospital
1952 Bay Street
Royal Block, 3rd 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)*

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:

For Cardiologist to assess we require the following to process:

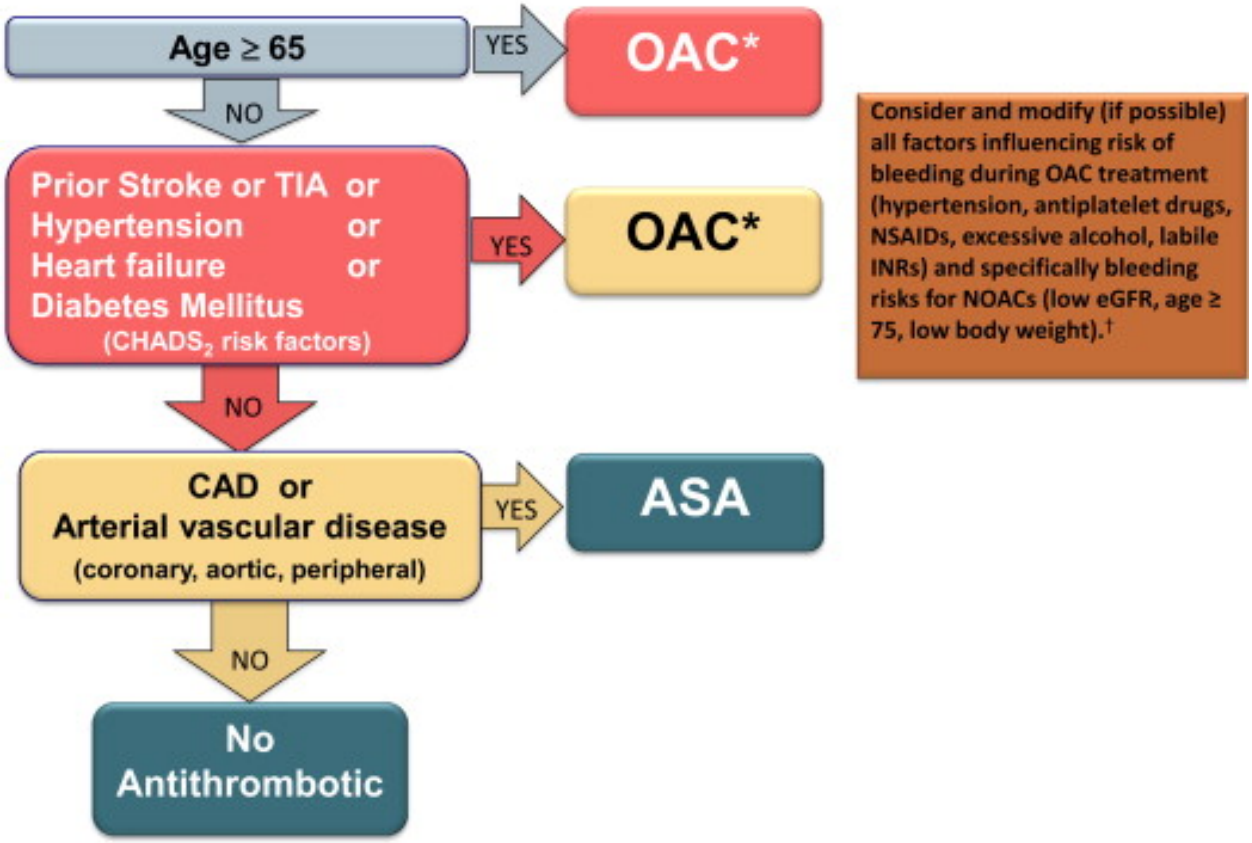
	Done	Pending
12 Lead ECG or Holter documenting AFIB/AFL		
Hematology Profile		
Electrolyte Panel		
Liver Function		
Renal Function Tests		
Thyroid Function		
BNP (brain natriuretic peptide) if symptoms of HF		
Other available cardiac test results		

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; $CHADS_2$, **C**ongestive Heart Failure, **H**ypertension, **A**ge, **D**iabetes, **S**troke/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. [1]

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

Excellent care, for everyone,
everywhere, every time.

Hello,

You have a new diagnosis of Atrial Fibrillation and/or Atrial Flutter.
Please view the Atrial Fibrillation Clinic Education videos at:

https://www.islandhealth.ca/our-services/heart-health-services/atrialfibrillation-clinic-heart-health

If you've been prescribed a blood thinner in the ER, it is important to continue taking it without stopping, unless you have been told exactly how long to take it. You may need to see your family doctor, nurse practitioner or Walk In Clinic to have your prescription renewed and ensure appropriate management.

If you've seen the videos, and you have further questions about Atrial Fibrillation and treatment, please call and leave a message at
250-370- 8632 to receive a non-urgent call back from a clinician.

Thank you,

Island Health Atrial Fibrillation Clinic Team

Open Monday-Friday 8-4, closed weekends and statutory holidays

Island Health Atrial Fibrillation Clinic
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