



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
- ☐ 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 _____

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 **250-370-8554**



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referral and MUST be signed prior to heart rhythm device implant

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 _____

Pacemakers only:

☐ Dr. Kevin Lai (NRGH) _____

☐ Dr. Mina Aziz (NRGH) _____

☐ Dr. Kristyn Campbell (Campbell River) _____

☐ Dr. Michael Thibert _____

Date Approved: _____