



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

ARRHYTHMIA AND DEVICE REGISTRY
Outpatient Referral to be faxed to 613-696-7123
Inpatient Referral to be faxed to 613-696-7144

Name _____
SURNAME FIRST NAME INITIAL
 Male Female DOB ____/____/____ Age ____
 Health Card Number: _____
Address _____
Postal Code _____ Phone _____
Race (self identified by the patient):
 Unknown Prefer Not to Answer Not Collected
 Black Middle Eastern East/Southeast Asian South Asian
 Indigenous White Latino Other:

Wait Location:
 Home Hospital Other:

Referring MD:

PLEASE ATTACH ALL ARRHYTHMIA DOCUMENTATION.
All documentation must be received prior to entering into the triage process.

REASON FOR REFERRAL
 EPS EPS/Ablation Arrhythmia Clinic
 Biopsy
 Implant Status : New Replacement Upgrade
 Implantable Loop Recorder Pacemaker CRT-P
 ICD Primary Prevention ICD Secondary Prevention
 CRT-D Primary Prevention CRT-D Secondary Prevention
 Current Device Details:

DOCUMENTED ARRHYTHMIA:
 No Yes, If yes please provide all arrhythmia documentation
 VF VT SVT Afib A flutter Syncope
 2nd degree 3rd degree Pauses
 SSS SSS + AV Block
 Other:

CLINICAL HISTORY/PHYSICAL EXAM

SUPPLEMENTAL MANDATORY INFORMATION:
Left Ventricular Ejection Fraction: _____%
EF Grade % I ≥ 50 II 35-43 III 20-34 IV ≤ 20
Height : _____ cm/inch Weight: _____ Kg/lbs
Dye Allergy Yes No
Latex Allergy Yes No
Dialysis PD HD Yes No
Diabetes Yes No
Congestive Heart Failure Yes No
Anticoagulation
Specify if yes: Yes No
Is the patient competent to consent? Yes No
Does the patient suffer from Dementia? Yes No
Does the patient have a physical or medical condition making it difficult to lie flat for more than 3 hours with minimal sedation Yes No

REFERRING PHYSICIAN TO COMPLETE

PRIMARY (P) AND SECONDARY (S) DIAGNOSIS (select "P" for Primary reason for referral, and select "S" to indicate one Secondary reason for referral):

Arrhythmia:

P	S	Atrial Flutter	P	S	Atypical Atrial Flutter
P	S	Atrioventricular Nodal Re-Entrant Tachycardia (AVNRT)	P	S	Atrial Tachycardia
P	S	Paroxysmal Afib	P	S	Persistent Afib
P	S	Ventricular Tachycardia	P	S	Ventricular Fibrillation
P	S	Wolff-Parkinson-White			

Coronary Disease:

S	Stable Angina	S	Unstable Angina
S	Non-ST-Segment Elevation Myocardial Infarction (NSTEMI)	S	ST-Segment Elevation Myocardial Infarction (STEMI)

Valve Disease:

S	Aortic Stenosis	S	Aortic Regurgitation
S	Other Valvular		

Other:

P	S	Cardiomyopathy	P	S	Heart Failure
P	S	Heart Disease other	P	S	Syncope

Heart Transplant:

S	Congenital/Structural
S	Recipient

Referral Physician signature:

Date (yyyy/mm/dd):