



PACEMAKER REFERRAL FORM

REFERRING PHYSICIAN INFORMATION

Name, Referral Date, Institution, Phone, Fax, Email

PATIENT INFORMATION

Name, Address, Phone, DOB, Gender, Patient Status

Health Card # & Version Code

PROCEDURE REQUESTED

Checkboxes for New Pacemaker Implantation, Temporary Lead Insertion, Pacemaker Generator / Lead Replacement, Pacemaker System Revision, Lead Repositioning, Implantable Loop Recorder Insertion, Pacemaker or ICD Extraction / Removal

MEDICAL INDICATION

Sinus Node Dysfunction

Checkboxes for Sinus arrest, Sinus bradycardia, AFib/Flutter + AV block, Tachy-bradycardia, Sick sinus +AV block

AV Block

Checkboxes for Complete AV block-fixed, Complete AV block-intermittent, Second degree AV block, 2:1 AV block, Pre-AVN ablation

Others

Checkboxes for Unexplained syncope, Vasovagal Syncope, Hypersensitive carotid sinus, Congestive Heart Failure, Syncope with high risk profile, High risk IVCD/BBB, Hypertrophic Cardiomyopathy, Atrial fibrillation

REASON FOR DEVICE REPLACEMENT/ REVISION

Checkboxes for Generator energy depletion, Lead dislodgment, Generator malfunction, Lead fracture/insulation failure, Generator recall, Lead high threshold, Lead Connector issues, Pocket Infection only, Pocket / wound erosion, Infection with sepsis, Muscle / diaphragm stimulation, Hematoma, Oversensing / undersensing, Myocardial perforation

TEMPORARY LEAD?

Does the patient have a temporary lead in situ? Yes No

If Yes, Insertion Date: / /

Wire Location: _____

MEDICAL CONDITIONS

Check all that apply and provide details below

Checkboxes for Diabetes mellitus, Chronic Lung Disease, Ischemic Heart Disease, Peripheral Vascular Disease, Atrial Fibrillation, Substance abuse, Psychiatric illness, Chronic Renal Failure, Drug allergies, Previous stroke, Malignancies, Ongoing infections, Confined to bed or wheelchair, MRSA / VRE positive, CHF

CURRENT MEDICATIONS

Checkboxes for Beta blockers, Insulin, ASA/Clopidogrel, Oral anticoagulation

INVESTIGATIONS

INR: Most recent value: / / Test date: / /

LVEF: <=20 21-30 31-35 36-40 41-50 >=51

IMPORTANT! Please Include: ECG's / Rhythm Strips

FOR PPM CENTRE TO COMPLETE

Physician reviewing: LG GK AK PLS AS RY

PPM Recommendation:

Checkboxes for PPM not indicated, Book OPC visit @LCI for assessment, Book PPM Urgency, Type: VVIR, AAIR, DDD, VDD, CRT-PPM

Lead Extraction Recommendation:

Checkboxes for Arrange OP visit at LHSC-UC, Lead extraction not indicated, Proceed with lead extraction: Urgency: 24-48 hrs, within 7 days, next available

Require More Information from Referring MD and/or Additional Comments: