



PACEMAKER REFERRAL FORM
HEART RHYTHM PROGRAM (519) 749-6578 X1500
PLEASE FAX COMPLETE FORM TO (519) 749-6589

REFERRING PHYSICIAN INFORMATION

Name (print)	Contact Information (phone)	Referral Date
Name of Institution	(email)	

PATIENT INFORMATION

Name	Address		
Contact Information (phone, email, fax)	DOB	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Patient Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		OHIP No. and Version code:	

REASON FOR REQUEST FOR PACEMAKER CONSULTATION

COMMENTS

<input type="checkbox"/>	Third degree heart block	<input type="checkbox"/>	Tachy-brady syndrome	
<input type="checkbox"/>	Second degree heart block	<input type="checkbox"/>	Sick sinus syndrome	
<input type="checkbox"/>	Other			
<input type="checkbox"/>	Discussion held with patient about potential device and patient is now aware of this referral			

FAX THIS REFERRAL FORM ALONG WITH THE FOLLOWING INFORMATION

COMMENTS

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Blood Work – Inpatients within 24 hours, outpatients within one month <input type="checkbox"/> CBC <input type="checkbox"/> Electrolytes <input type="checkbox"/> BG <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> INR	
<input type="checkbox"/>	<input type="checkbox"/>	ECG	
<input type="checkbox"/>	<input type="checkbox"/>	Telemetry strips showing rhythm requiring pacing (inpatients only)	
		ECHO or other assessment of LV function (cath, MUGA)	
<input type="checkbox"/>	<input type="checkbox"/>	Consult note/admitting note	
<input type="checkbox"/>	<input type="checkbox"/>	Medication list	
<input type="checkbox"/>	<input type="checkbox"/>	Anticoagulation therapy	

THANK YOU FOR THE REFERRAL. IT WILL BE REVIEWED WITH THE EP TEAM AND THE REFERRING CENTER WILL BE INFORMED OF THE OUTCOME OF THIS REQUEST. IF AN ELECTIVE REFERRAL IS ACCEPTED FOR DEVICE INSERTION, THE PATIENT WILL BE CONTACTED DIRECTLY WITH FURTHER INSTRUCTIONS. FOR FURTHER INFORMATION CONTACT THE ARRHYTHMIA COORDINATOR AT (519) 749-6578 X1500