

**WRHN**

@ Queen's Blvd.

Waterloo Regional
Health NetworkWaterloo Regional Health Network
911 Queen's Blvd.
Kitchener, ON N2M 1B2**HEART RHYTHM REFERRAL FORM****HEART RHYTHM COORDINATOR PHONE: (519) 749-6578 Ext 1500****FAX COMPLETED REFERRAL TO (519) 749-6589****PATIENT INFORMATION:**Current Patient Status: ☐ Out patient ☐ In patient at Unit

Name : HCN :

DOB : Phone :

Address :

REFERRING PHYSICIAN INFORMATION:

Name : Phone : Other Physicians Involved in Pt's Care:

Specialty : Fax :

REASON FOR REFERRAL:☐ PACEMAKER / CRT-P / IMPLANTABLE LOOP RECORDER ☐ OTHER:☐ DEFIBRILLATOR / CRT-D (Discussion held with patient & patient aware of this referral)☐ CATHETER ABLATION (Discussion held with patient & patient aware of this referral)☐ SVT ☐ Atrial Flutter ☐ Atrial Fibrillation☐ GENETICS CLINIC (DR. ROBERTS)

Please provide a brief history :

☐ Patient has a Cardiac Device**FAX THIS REFERRAL FORM ALONG WITH ALL OF THE FOLLOWING:****Please note: Referral will not be processed/reviewed by MD until it is complete**Blood Work – (Inpatients only) within 48 hours
CBC, Electrolytes, Glucose, BUN, Creatinine, INR

ECHO or other assessment of LV Function (MUGA)

Previous Cardiac Investigations (Cardiac Cath / Catheter Ablation)

12 Lead ECG / Telemetry strips / Holter strips showing **ABNORMAL** rhythm

Consult Note / History & Physical

Medication List