WRHN
@ Queen's Blvd.
Waterloo Regional Health Network

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Kitchener, ON N2M 1B2

HEART RHYTHM REFERRAL FORM

HEART RHYTHM COORDINATOR PHONE: (519) 744-3311 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 :

Patient consents to virtual consult ☐
If so, provide Email address :

REFERRING PHYSICIAN INFORMATION:

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

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 / Current Medication List