

CARDIAC ARRHYTHMIA / ELECTROPHYSIOLOGY SERVICE

The Atrial Fibrillation Centre within the Cardiac Arrhythmia / Electrophysiology Service provides an outpatient consultation service for patients with atrial fibrillation (Afib) or atrial flutter (Aflutter). Patients are seen on a referral basis in an outpatient clinical setting.

Goal of the AF Centre:

- Educate patients about Afib / Aflutter; help patients manage their Afib / Aflutter, focusing on quality of life.
- Provide access to Afib / Aflutter medications, investigational testing, and other innovative therapies for Afib / Aflutter.
- Provide treatment recommendations for Afib / Aflutter and collaborate with other health care practitioners and primary caregivers.

Note: anticoagulation monitoring and dosing of Warfarin / Coumadin is not managed in this clinic; however, we collaborate with patient's primary caregiver to recommend appropriate anticoagulation therapy for stroke prevention.

Who should be referred?

- New onset Afib or Aflutter
- Previous history of Afib or Aflutter (with poor rate control, symptomatic during Afib or Aflutter episode)
- Complex treatment / management of Afib or Aflutter – in need of reevaluation by a specialist

How to refer a patient?

- The Afib Clinic referral form must be fully completed, along with clinical notes, ECGs, and FAXED to (416) 864-5348.
- All patients must be referred by a physician licensed to practice in Ontario.
- Please ensure all referring physician information is included on the referral form.
- Once the referral form & pertinent information is received, patient's appointment to the Afib clinic will be given to the referring physician. It is the responsibility of the referring physician to let the patient know the appointment date and time in Afib clinic (*Exception:* patients referred from the Emergency Department are contacted directly by our medical secretary).

How long does it take before patients are seen in clinic?

- The average wait time is between 4 to 6 weeks.
- Referrals are triaged according to urgency. Providing more information regarding patient's clinical status allows us to more accurately triage patients.

Who sees patients in clinic?

- A Nurse Practitioner in collaboration with 1 of 5 Electrophysiologists scheduled in clinic per week.
- Patients will be provided with educational materials regarding their arrhythmia (e.g: booklets, videos presentation and education sessions).

St. Michael's

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Terrence Donnelly Heart Centre

30 Bond Street, Toronto, ON M5B 1W8

Tel: (416) 864-6060 ext. 3177

Fax: (416) 864-5348

Jennifer Cruz RN(EC), MN, NP-Adult
Kamran Ahmad MD, FRCPC
Paul Dorian MD, FRCPC
Victoria Korley MD, FRCPC
Iqwal Mangat MD, FRCPC
Arnold Pinter MD

ATRIAL FIBRILLATION CLINIC REFERRAL FORM

Robert McRae Heart Health Unit – 7th Floor Queen Wing

Patient Information: (written or sticker)

Name:		
DOB (m/d/y):	Age:	Sex: M / F
Address:		
Telephone:		

Medical History:

(check all applicable)

- CHF or LV dysfunction
- HTN
- Age > 75 years
- Diabetes
- Stroke/ TIA

Date of Referral: _____

Reason for Referral:

- (circle one): Atrial Fibrillation / Atrial Flutter
- (circle one): Paroxysmal / Persistent / Permanent
- New Onset (circle one): Yes / No
- Recent ED visit (within 30 days): Yes / No If yes, which ED hospital?: _____
- Anticoagulation status (circle one): None / Aspirin +/- Clopidogrel only / Warfarin
- Is the patient symptomatic? Yes / No If yes, specify: _____

Documents & Diagnostic Test results:

NOTE: Please attach as much of the following information as available to you and indicate which one(s) you are sending.

- Clinical information (typed notes)
- ECGs (ideally during arrhythmia)
- Holter monitor / Loop
- Echocardiogram
- Stress Test

Referring Physician (please print): _____ **Billing #:** _____

Contact Information (telephone, pager or fax): _____

Please send or fax information to: (416) 864 - 5348