CANADIAN CARDIAC CARE
Global Cardiovascular Risk Management
BRITISH COLUMBIA

Syncope Remote Real-Time Heart Monitor Requisition Form

PATIENT INFORMATION (LABEL)

Name (Last, First)			Gender ☐ Male ☐ Female ☐ Other
Address		Unit	Home Phone
City	Province	Postal Code	Cell Phone
Health Card Number		Version Code (if applicable)	DOB (MM/DD/YYYY)

REFERRING HEALTH CARE PROVIDER INFORMATION

Name			**Referrer's Signature**
Billing #	Tel #	Fax #	**Date** (MM/DD/YYYY)
Copy Report to:			Fax #

THE CANADIAN SYNCOPE RISK SCORE

Category	Points
Predisposition to vasovagal symptom	-1
History of heart disease	1
SBP < 90 or > 180 mmgh	2
Positive troponin	2
LAD or RAD	1
QRS > 130 ms	1
QTc > 480 ms	2
Vasovagal syncope	-2
Cardiac syncope	2

Total score	Risk category	Estimated risk of serious adverse events
-3 to -2	Very Low	Less than 1 %
-1 to 0	Low	Less than 2 %
1-3	Medium	3-8 %
4-5	High	13-30%
6-11	Very High	29-80%

Total Score (-3 to 11) _____

CURRENT MEDICATION(S)

☐ Antiarrhythmic ☐ Ca Channel Blocker
☐ Anticoagulant ☐ Other: _____
☐ ASA _____
☐ Beta-Blocker

DEVICE(S) ☐ Pacemaker ☐ Defibrillator

TEST DURATION

☐ 7-Day ☐ 14-Day

ANONYMOUS DATA COLLECTION

for quality improvement & research

☐ Patient Contacted Verbal Consent ☐ *Yes* ☐ *No*

Staff Initials _____ Date _____

REF: CCC-BC-SYCREQ-2026.08

Please Fax Requisition to: 1-877-469-2328

9842 101 Ave | Fort St. John, BC V1J 2B2 | T: 1-855-404-5667 | F: 1-877-469-2328