



**Syncope Remote Real-Time
Heart Monitor Requisition Form**

PATIENT INFORMATION (LABEL)

Name (Last, First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	Total score	Risk category	Estimated risk of serious adverse events
Predisposition to vasovagal symptom	-1	-3 to -2	Very Low	Less than 1 %
History of heart disease	1			
SBP < 90 or > 180 mmgh	2	-1 to 0	Low	Less than 2 %
Positive troponin	2			
LAD or RAD	1	1-3	Medium	3-8 %
QRS > 130 ms	1			
QTc > 480 ms	2	4-5	High	13-30%
Vasovagal syncope	-2			
Cardiac syncope	2	6-11	Very High	29-80%
		Total Score (-3 to 11) _____		

CURRENT MEDICATION(S)

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

TEST DURATION

7-Day 14-Day

ANONYMOUS DATA COLLECTION
for quality improvement & research

Patient Contacted Verbal Consent Yes No

Staff Initials _____ Date _____

DEVICE(S) Pacemaker Defibrillator

REF: CCC-SK-SYCREQ-2024

Please Fax Requisition to Patients Preferred Pickup Location

- | | | | | |
|--|---|--|---|--|
| <input type="checkbox"/> MOOSE JAW
361 Main Street North
Moose Jaw, SK S6H 0W2
T: (306) 692-5066
F: (306) 691-5966 | <input type="checkbox"/> REGINA
201-2550 12th Ave.
Regina, SK S4P 3X1
T: (306) 359-7885
F: (306) 761-2656 | <input type="checkbox"/> SASKATOON
23-2605 Broadway Ave.
Saskatoon, SK S7J 0Z5
T: (306) 652-3496
F: (306) 652-3493 | <input type="checkbox"/> YORKTON
269 Bradbrooke Dr.
Yorkton, SK S3N 3L3
T: (306) 783-2977
F: (306) 783-2980 | <input type="checkbox"/> SWIFT CURRENT
2021 Saskatchewan Dr.
Swift Current, SK S9H 0X6
T: (306) 773-5855
F: (306) 778-3799 |
|--|---|--|---|--|