CANADIAN CARDIAC CARE
Global Cardiovascular Risk Management
BRITISH COLUMBIA

Real-Time 14-Day Home Heart Monitor Requisition for Early A-Fib Detection & Stroke Prevention

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 #

REASON FOR REFERRAL

☐ Rule Out A-Fib / Flutter ☐ TIA / Stroke* ☐ Other: _____
☐ Syncope / Presyncope ☐ Seizure

*J Am Coll Cardiol 2024;Oct: DOI:10.1016/j.jacc.2024.10.100

CURRENT MEDICATION(S)

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

DEVICE(S) ☐ Pacemaker ☐ Defibrillator

CONSENT

☐ *Allow monitoring team to begin anticoagulation therapy if A-Fib has been detected after hours*

ANONYMOUS DATA COLLECTION

for quality improvement & research

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

Staff Initials _____ Date _____

REF: CCC-BC-TIAREQ-2026.08

Direct to Patient's Home

You request a monitor

We mail the monitor directly to the patient

Patient attaches monitor *(instructions provided)*

We arrange the monitor return via pre-paid envelope

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