CANADIAN CARDIAC CARE
Global Cardiovascular Risk Management
FORT MCMURRAY BRANCH

# 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

*N Engl J Med 2014; 370:2467-2477 June 26, 2014

## 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-FTMAC-TIAREQ-2024

## 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: 780-743-3278

604-8600 Franklin Ave | Fort McMurray, AB T9H 4G8 | T: 780-743-3262 | F: 780-743-3278