



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

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 #

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

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 _____

DEVICE(S) Pacemaker Defibrillator

REF: CCC-SK-TIAREQ-2024

Real-Time Cardiac Monitoring in 4 Simple Steps



You request a monitor



Patient picks up package & attaches monitor at home
(instructions provided)



Patient removes & returns monitor to pickup location



Final report sent to referring physician

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 |
|--|---|--|---|--|