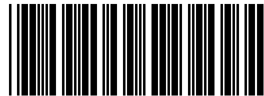
Système de gestion
de l'accès aux services



Requisition Form

ELECTROPHYSIOLOGY

Sections for Referring Physicians

Date of Request	Year	Month	Day

User (Additional Information)

Chart number of referring hospital	Chart number (if known) of consulted hospital	Telephone number in case of emergency	Area code

Referring Institution

Referring Hospital Name	Site

Referring Physician	Specialty	Permit number

Information

User's Place of Origin:
☐ Home ☐ Transfer (Referring Hospital) Ward: ______
☐ Hospitalized – Internal ☐ Emergency – Internal

Referring Hospital Contact Person	Area code	Telephone number	Extension	Area code	Fax number

E-mail	Denominalized Code (if faxed)

User's non-availability: From (Year / Month / Day) To (Year / Month / Day) Reason

Infection

☐ MRSA[1]+ ☐ VRE[2]+ ☐ Other: ______

Substance Abuse

☐ Yes ☐ No

Previous Electrophysiology Study

☐ Yes ☐ No Date Hospital

Consent to release information ☐ Signed ☐ Not signed

Reason for Request

☐ **Primo procedure** ☐ **Redo**

☐ Diagnostic study ☐ Tilt table ☐ Internal cardioversion ☐ External cardioversion ☐ Defibrillator test ☐ Implantable monitor

Pacemaker
☐ Simple
☐ Double
☐ Biventricular

Defibrillator
☐ Simple
☐ Double
☐ Biventricular

☐ New Implant
☐ Replacement of electrode
☐ Header replacement
☐ Upgrade
☐ Repositioning of electrode
☐ Header repositioning
☐ Electrode extraction
☐ Removal

Dependant: ☐ < 30/min. ☐ < 40/min. ☐ No

☐ **Ablation**

☐ Complete AV Node ☐ Transeptal
☐ Pulmonary veins ☐ Intra cardiac echo.
☐ Adult (≥ 18 years) ☐ 3D Mapping
☐ Pediatric (< 18 years or < 30 kg)

☐ General anesthesia

☐ Other: ______ **Referral:** ☐ Service ☐ Dr. ______

[1] MRSA: Methicillin-Resistant Staphylococcus aureus – [2] VRE: Vancomycin-Resistant Enterococci

User Identification	Name and Surname

Clinical Information

Cardiac

Insufficiency Classification (NYHA): ☐ 1 ☐ 2 ☐ 3 ☐ 4

Myocardial Infarction: ☐ Acute ☐ < 1 week ☐ < 3 months ☐ > 3 months

Potentially Malignant Arrhythmia	☐ Yes	☐ No	Hemodynamically Unstable	☐ Yes	☐ No
Recurrent Arrhythmia	☐ Yes	☐ No	Sudden Death	☐ Yes	☐ No
Malignant Ventricular Arrhythmia	☐ Yes	☐ No	Nocturnal Pause	☐ Yes	☐ No
Right Bundle Branch Block	☐ Yes	☐ No	Prophylaxis	☐ Yes	☐ No
Left Bundle Branch Block	☐ Yes	☐ No	Node Re-entry	☐ Yes	☐ No
1st Degrée A-V Block	☐ Yes	☐ No	Temporary Transvenous Pacemaker	☐ Yes	☐ No
2nd Degrée A-V Block	☐ Yes	☐ No	Syncope	☐ Yes	☐ No
3rd Degrée A-V Block	☐ Yes	☐ No	Atrial Tachycardia	☐ Yes	☐ No
Congenital Cardiopathy	☐ Yes	☐ No	S.V.T.	☐ Yes	☐ No
Rapid Atrial Fibrillation	☐ Yes	☐ No	V.T.	☐ Yes	☐ No
Atrial Flutter	☐ Yes	☐ No	W.P.W.	☐ Yes	☐ No

Valvular Insufficiency: ☐ Yes ☐ No If yes: ☐ Aortic ☐ Mitral ☐ Pulmonary ☐ Tricuspid

Valvular Stenosis: ☐ Yes ☐ No If yes: ☐ Aortic ☐ Mitral ☐ Pulmonary ☐ Tricuspid

Prosthetic Valve: ☐ Yes ☐ No If yes: ☐ Aortic ☐ Mitral ☐ Pulmonary ☐ Tricuspid

Ejection fraction: ☐ Unknown ________ % **Test:** ☐ Echocardiography ☐ Angiography ☐ Nuclear Medecine

Myocardial Scintigraphy – Anterior Ischemia or Multiple Ischemic Zones: ☐ Yes ☐ No

Rythm Strip of Arrhythmia Available: ☐ Yes (If sent) ☐ No

Medication

	To be stopped	Days before		To be stopped	Days before		To be stopped	Days before
☐ ASA (Aspirin)	☐	_______	☐ Clopidogrel (Plavix)	☐	_______	☐ Propafenone (Rythmol)	☐	_______
☐ Amiodarone (Cardarone)	☐	_______	☐ Digoxin	☐	_______	☐ Quinidine	☐	_______
☐ Beta-Blocker	☐	_______	☐ Disopyramide (Rythmodan)	☐	_______	☐ Sotalol (Sotacor)	☐	_______
☐ Calcium Channel Blocker	☐	_______	☐ Flecainide (Tambocor)	☐	_______	☐ Warfarine (Coumadin) INR: _________	☐	_______
☐ Other: _______________	☐	_______						

Metabolic Disease

Creatinine: _________ μmol/L

Diabetes: ☐ Yes ☐ No If yes: ☐ Treated by diet ☐ NIDDM ☐ IDDM

Vascular Disease

Previous CVA: ☐ Yes ☐ No

Allergies

☐ Iodine ☐ Latex ☐ Penicilin ☐ Other: ________________________________

Remarks

Medical Summary

Included ☐ To follow ☐

Referring Physician	Name (please print)	Signature	Date	Year	Month	Day

Access to Electrophysiology – Priority Classification (CMQ[1] – RQCT[2])					
User's Origin	Procedure		Clinical Cardiac – Information	Priority	Delays
User is hospitalized, in the emergency or transferred from another hospital			Hemodynamically Unstable	**1**	< 24 hours
			Temporary transvenous Pacemaker	**1**	< 24 hours
			User hospitalized for one of the diagnostics or other severe symptoms shown under section (Clinical Cardiac – Information)	**2**	< = 48 hours
User coming from home	**Pacemaker/Defibrillator**				
	• New implant	Without dependance		**3**	< = 2 weeks
	• Replacement of electrode or pacemaker	With dependance		**3**	< = 2 weeks
	• Repositioning of electrode or pacemaker	With dependance		**3**	< = 2 weeks
	• Electrode extraction			**3**	< = 2 weeks
	• Replacement of electrode or pacemaker	Without dependance		**4**	< = 4 weeks
	• Repositioning of electrode or pacemaker	Without dependance		**4**	< = 4 weeks
	• Upgrade			**4**	< = 4 weeks
	• Removal			**4**	< = 4 weeks
	Ablation		Rapid atrial fibrillation	**3**	< = 2 weeks
	Ablation		Potentially malignant	**3**	< = 2 weeks
	Ablation		Arrhythmia	**4**	< = 4 weeks
	Ablation		Atrial flutter	**4**	< = 4 weeks
	Ablation		Wolf-Parkinson-White	**4**	< = 4 weeks
	Ablation	Redo	Syncope	**4**	< = 4 weeks
	Defibrillator test			**3**	< = 2 weeks
	Implantable monitor			**4**	< = 4 weeks
	Diagnostic study			**4**	< = 4 weeks
	Internal cardioversion			**5**	< = 3 months
	External cardioversion			**5**	< = 3 months
	Ablation		*(Without any other specifications)*	**5**	< = 3 months
	Tilting table			**5**	< = 3 months

Insufficiency Classification (NYHA)[3]	
Class	**Description**
Class 1	Users with no limitation of activities; they suffer no symptoms from ordinary activities.
Class 2	Users with slight, mild limitation of activity; they are comfortable with rest or with mild exertion.
Class 3	Users with marked limitation of activity; they are comfortable only at rest.
Class 4	Users who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest.

(1) CMQ: Collège des médecins du Québec
(2) RQCT: Réseau québécois de cardiologie tertiaire
(3) NYHA: New York Heart Association