London Health Sciences Centre

Referral to:
London Heart Rhythm Program
339 Windermere Road, London ON N6A 5A5
Telephone: 519-914-4606 | **Fax:** 226-636-6006

☐ **INPATIENT (ADMITTED)** ☐ **OUTPATIENT**		Referral Date: (yyyy/mm/dd)
PATIENT NAME:		Sex: ☐ M ☐ F ☐ Other:
ADDRESS:		TEL: Home: Work: Cell:
CITY:	POSTAL CODE:	
D.O.B.: (yyyy/mm/dd)	HEALTH CARD #:	Version Code:

REFERRING PHYSICIAN

NAME:	BILLING NUMBER:
ADDRESS or CPSO #:	
TELEPHONE:	FAX:

REASON FOR REFERRAL

☐ Syncope ☐ Palpitations/Suspected Arrhythmia ☐ Bradycardia/AV Block
☐ Atrial Fibrillation/Flutter ☐ SVT/WPW ☐ VT ☐ PVCs/NSVT ☐ Inherited Arrhythmia

REQUEST TYPE: ☐ EP Consultation ☐ Device Follow-up ☐ Cardioversion
☐ Pacemaker ☐ ICD/CRT ☐ Ablation ☐ Lead Extraction

Provide additional details:

MEDICATIONS

ANTICOAGULATION: ☐ No ☐ Yes → _____ (drug/dose)

REFERRAL DOCUMENTS (please fax if available)

☐ Most recent clinical note (diagnoses + medications)
☐ ECG or rhythm strip demonstrating the arrhythmia (PLEASE INCLUDE TRACINGS)
☐ Echocardiogram
☐ Other Investigations: (Angiogram, MRI, CT etc..)

All referrals are physician-triaged, potentially life-threatening arrhythmias are prioritized

Missing clinical notes or rhythm documentation may delay triage

FAX TO: 226-636-6006

E-mail: office@lhrp.ca Website/Patient Resources: LHRP.ca