Harrogate and District NHS
NHS Foundation Trust

AF/Flutter Clinic Referral Form

For patients with a new diagnosis of atrial fibrillation or atrial flutter

DO NOT REFER PATIENTS WITH:

- Haemodynamic compromise
- Acute HF features
- Syncope
- Acute/severe CP
- Acute Stroke

Discuss patients with above features with Clinical Assessment Team or refer to Emergency Department as appropriate.

Consider admission for recent AF onset especially if within 48 hours - for consideration of early cardioversion.

Patient Details

Name:

DOB:

Address:

Home Tel:

Work Tel:

Mobile:

NHS No / Hospital:

Referrer

Name:

Position:

Address / Location:

Tel:

Fax:

Mandatory Information

AF/Flutter confirmed by ECG ☐ Please attach to referral as it will **NOT** be accepted if missing

Holter ☐

Pacemaker/ILR Interrogation* ☐ *For referrals from Pacemaker/ ILR clinics*

Brief Summary of Presenting Symptoms:

Past Medical Hx / Drug Hx / Allergies

Please **attach** summary printout

Bloods - FBC/UE/LFT/Clotting/TFT/HbA_{1c}/Lipids

Requested - available on ICE ☐ or attached ☐

PLEASE FAX TO: 01423 554455 or take to Appointments Centre - Medical Records