

<b>Demographics:</b>		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone (H): _____
Patient name: _____		DOB: _____	Phone (C): _____
Address: _____		City: _____	State: _____ Zip: _____
Spouse/Caregiver: _____		Phone: _____	Email _____
<b>Referral information:</b>			
Who Referred? <input type="checkbox"/> Primary Care Physician (PCP) <input type="checkbox"/> Cardiologist			
<input type="checkbox"/> Electrophysiologist <input type="checkbox"/> Other _____ Date Referred _____			
<b>PCP name:</b> _____		PCP Phone: _____	Fax: _____
<b>Cardiologist name:</b> _____		Phone: _____	Fax: _____
<b>Screening Appointment:</b>		Phone: _____	Office Phone: _____
Date: _____ @ _____		Physician: _____	Location: _____
<b>Past Medical History:</b>			
Medical: _____			
<b>Allergies:</b> _____			
Surgical: _____			
A-Fib history/type: _____			
Cardiovascular Interventions: _____			
Ejection Fraction: _____ Date: _____ Method: _____ If CHF, NYHA Class I-IV: _____			
<b>Shared Decision Making (SDM) with patient and physician using NICE Tool:</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes SDM Date: _____ Comments: _____			
<b>CHADS<sub>2</sub> Score:</b> _____ <b>or CHA<sub>2</sub>DS<sub>2</sub>-VAS<sub>c</sub> Score:</b> _____ (see over for calculations)			
<b>HAS-BLED Score:</b> _____ (see over for calculations)			
<b>Anticoagulation history:</b>			
Currently on anticoagulant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of drug: <input type="checkbox"/> Warfarin (Coumadin)			
<input type="checkbox"/> Apixaban (Eliquis) <input type="checkbox"/> Dabigatran (Pradaxa) <input type="checkbox"/> Endoxaban (Savaysa) <input type="checkbox"/> Rivaroxaban (Xarelto)			
Short-term contraindication to Warfarin? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
Long-term contraindication to Warfarin? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			
Is patient able to take short-term Warfarin (at least 45 days)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is patient able to take aspirin? <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient able to take Clopidogrel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is patient compliant in taking medications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>ECHO:</b> Type: <input type="checkbox"/> Transthoracic or <input type="checkbox"/> Transesophageal (TEE) Date Performed: _____			
Left Atrial Appendage (LAA) Type: _____			
Number of LAA Lobes: _____			
LAA orifice maximum width: _____ mm LAA Length: _____ mm			
AVA <input type="checkbox"/> AI <input type="checkbox"/> AR <input type="checkbox"/> AS <input type="checkbox"/> MG <input type="checkbox"/> PG <input type="checkbox"/> PV <input type="checkbox"/> EF _____ %			
MS <input type="checkbox"/> MR <input type="checkbox"/> TR <input type="checkbox"/> PI _____			
Any PFO? <input type="checkbox"/> Yes <input type="checkbox"/> No Any shunt? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any thrombus? <input type="checkbox"/> Yes <input type="checkbox"/> No *Please fax copy of Echo Result with Referral Form			
<b>WATCHMAN™ Candidate:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Physician Signature:</b> _____			
<b>Indication:</b> <input type="checkbox"/> Increased stroke risk (thromboembolic) <input type="checkbox"/> Major bleed history <input type="checkbox"/> Fall risk			
<input type="checkbox"/> INR Labile <input type="checkbox"/> Preference of patient <input type="checkbox"/> Anticoagulation non-compliance			
<b>Coordinator</b> review/comments: _____ Precertification: Y N Schedule : Y N			

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Please complete scores below by circling the correct response and total the score below:

<b>CHADS<sub>2</sub> Score</b>	<b>CHA<sub>2</sub>DS<sub>2</sub>-VAS<sub>c</sub> Score</b>	<b>HAS-BLED Score</b>
<b>Congestive heart failure:</b> Yes =1; No=0	<b>Congestive HF/LV Dysfunction</b> (S&S of R or L ventricular failure, or both, confirmed by non-invasive or invasive measurements, evidence of cardiac dysfunction; LV dysfunction-LVEF< 40%): <b>Yes=1; No=0</b>	<b>Abnormal liver function</b> Chronic hepatic disease ≥ 3 mo., cirrhosis, or significant derangement ( Bilirubin >2X ULN, AST, ALT, Alk Phos >3X ULN): <b>Yes=1; No=0</b>
<b>Hypertension:</b> Yes =1; No=0	<b>Hypertension</b> (resting systolic BP >140 &/or diastolic >90 on at least 2 occasions, or on pharmacologic treatment): <b>Yes=1; No=0</b>	<b>Abnormal renal function</b> (chronic/acute dialysis, renal transplant, serum creatinine ≥ 200 micromol/L: <b>Yes=1; No=0</b>
<b>Age ≥ 75:</b> Yes =1; No=0	<b>Age 75 or older:</b> <b>Yes=2; No=0</b>	<b>Hypertension</b> (Uncontrolled-systolic blood pressure >160): <b>Yes=1; No=0</b>
<b>Diabetes mellitus:</b> Yes=1; No=0	<b>Age 65-74:</b> <b>Yes=1; No=0</b>	<b>Previous stroke (any type)</b> Yes=1; No=0
<b>Previous stroke/TIA:</b> Yes=2; No=0	<b>Diabetes mellitus</b> (Fasting plasma glucose =7mmol/L [126mg/dL] or treatment with oral hypoglycemic agent and/or insulin): <b>Yes=1; No=0</b>	<b>Labile INR while on Warfarin-</b> unstable, high, or < 60% of time in therapeutic range (2-3): <b>Yes=1; No=0</b>
	<b>Previous ischemic stroke, TIA, or thromboembolism</b> (ischemic stroke defined as focal neurologic deficit of sudden onset as diagnosed by a neurologist, lasting >24 h and caused by ischemia; TIA lasts <24 h; Peripheral embolism is TE outside brain, heart , eyes, and lungs): <b>Yes=2; No=0</b>	<b>Bleeding.</b> History of major bleeding event (hospitalization, decrease in hemoglobin level ≥ 3 g/dL, blood transfusion not hemorrhagic stroke), or predisposition to bleeding (diathesis or anemia): <b>Yes=1; No=0</b>
	<b>Vascular disease</b> (MI, PAD, aortic plaque): <b>Yes=1; No=0</b>	<b>Elderly Frail, Age &gt;65:</b> <b>Yes=1; No=0</b>
	<b>Sex category-female:</b> <b>Yes=1; No=0</b>	<b>Drugs</b> Is patient currently taking antiplatelets or NSAIDS: <b>Yes=1; No=0</b>
		<b>Alcohol abuse</b> (>8 drinks/week): <b>Yes=1; No=0</b>
<b>Total:</b>	<b>Total:</b>	<b>Total:</b>

Sources: ACC National Cardiovascular Data Registry (LAAO Registry™ v1.0), 2015; NICE (Patient Decision Aid), 2014