**Preoperative Information Form for Patients with Pacemaker/Defibrillator Undergoing Elective Surgery**

**DOB: dateOfBirth**

**PT: ptName**

**TYPE OF PLANNED SURGERY: procedureName**

**DATE OF PLANNED SURGERY: procedureDate**

Dear Doctor **drName**,

Your patient, who has an implanted cardiac pacemaker, is scheduled to undergo an elective surgery. To allow us to better care for this patient during surgery, our anesthesia provider request the following information.

1. What is the patient’s last known underlying rhythm abnormality or initial indication for pacemaker placement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of last device check, including battery status (should be within 6 months of surgery): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Was this patient “pacemaker dependent” as of his/her most recent visit? \_\_\_\_\_\_\_\_\_\_\_
4. What are the device’s current settings (generic pacemaker codes)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Will this device temporarily convert to DOO or VOO in the presence of a doughnut magnet, and resume normal function upon magnet removal? What would be the rate?

In order to help us all provide more efficient care for this patient, you may wish to complete the following:

1. In the absence of obvious pacemaker dysfunction intraoperatively, I do not recommend any specific interrogation or device check postoperatively.
2. I wish to be notified when this patient reaches the Post Anesthesia Recovery Room.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Physician’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name/Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fax filled out and signed form to 623-322-1504 call at 623-399-6880**