Medtronic

ScreenLink Calculator

ICD Referral

Thu 06/06/2013

✎ Patient details

Name	
Address	
Postcode	
Tel. No	
DOB	
NHS No	
Hospital No	

✎ Referring GP / Consultant / HF matron

Name	
Address	
Tel. No	
Fax No	

✎ Patients GP (if not detailed above)

Name	
Address	
Tel. No	
Fax No	
Referral Date: PCT area:	

CRT is recommended according to NICE technical appraisal guidance 120 (CRT-D if ICD criteria are fulfilled too) because of the following reasons:

- ✓ xxxxxxx
- ✓ xxxxxxx
- ✓ xxxxxxx
- ✓ xxxxxxx
- ✓ xxxxxxx

xxxxxxx

ScreenLink Report

NYHA Class	xxxxxxx
Echo Available	xxxxxxx
LVEF % Last Echo	xxxxxxx
Prior MI	xxxxxxx
4 weeks	xxxxxxx
Arrhythmias History	xxxxxxx
Prior Sudden Cardiac Arrest or VF	xxxxxxx
Syncope	xxxxxxx
QRS Width	xxxxxxx
Mechanical Dyssynchrony at Echo	xxxxxxx
Optimal Medical Therapy	xxxxxxx
Familial or congenital heart disease	xxxxxxx
Survival expectation more	xxxxxxx

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Guidelines results:

CRT Therapy

xxx

SOURCE OF REFERRAL

(please tick one)
- ❏ Patient self presenting with symptoms
- ❏ Recent hospital admission
- ❏ Routine 'NYHA score' in chronic disease clinic
- ❏ Other (please specify) ………………………………….

BRIEF PRESENTING HISTORY:
(SOBAR, SOBOE, orthopnea, PND etc)

SELF ASSESSED NYHA SCORE CLASS: i   ii   iii

CLINICAL FINDINGS:
(Peripheral /pulmonary oedema, murmur etc)

BP:

....

MEDICATION :

(please tick if applicable)

❏ PMH

❏ IHD
Date of prev MI (if app.) ....

❏ HBP
Date first diagnosed ....

❏ Atrial fibrillation
Date last known SR ....

❏ Known COAD/ asthma

❏ PFT? ....

Date ECG 1st reported broad QRS…………………………………………………

❏ Date LV dysfunction confirmed

❏ Hospital admission in last 12 month

Evaluated by ScreenLinkTool