



Atrial Fibrillation / Anti-Coagulation

Clinic Referral Form

Print & fill in manually

*Return to Central Referrals Office,
Tallaght University Hospital, Dublin 24 (by POST)*

Surname:
Forenames:
Address:
.....Addressograph.....
TUH Record No:
Date of Birth:
Gender:

Referred by: _____ Referring Consultant/Team/Practice: _____

Contact No: _____ Date: ____/____/____

Date of AF diagnosis (Append ECG strip or relevant report).

Has the patient started on anticoagulation: No Yes Date: ____/____/____ If no, why not? _____

Mdcalc creatine clearance calculator: <https://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation>

Cha2ds2 and HASBLED score calculators: <http://chadsvasc.org/>

Link to pcrs: <https://www.sspcrs.ie/portal/individualReimbursement/pub>

Has PCRS approval been received? No Yes

PCRS Number: _____

Anticoagulant	Yes/No	Dose
Warfarin (normal dose + target INR) Recent INR:		
Dabigatran (BD)		
Rivaroxaban (OD)		
Apixaban (BD)		
Edoxaban (OD)		

Scores	Value
C – H- A ₂ – D - S ₂ – Vasc score	
H – A – S – B – L - E – D score	
Cr- Clearance (Cockcroft-Gault)	

Allergies: _____

Other relevant investigations	Yes/No	Enter details
Hypertension (HTN)		
Diabetes		
Heart Failure (HF)		
Hyper Cholesterolemia		
Thyroid Disease		
Ischemic Heart Disease (IHD)		
Peripheral Vascular Disease (PVD)		
Smoking History (specify)		
Diagnosis of Dementia		
History of Falls		
Alcohol Units Per Week (specify)		

Bleeding history:

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
GI	<input type="checkbox"/>	GU	<input type="checkbox"/>
Intracranial			<input type="checkbox"/>
Other	_____		

Inclusion Criteria	Yes/No
Has AFib been confirmed on an ECG?	
Is AFib the primary reason for presentation (other diagnoses excluded?)	

Exclusion Criteria	Yes/No
Is the patient unstable? (Chest pain, CCF, Hypotensive, Altered GCS)	
Is the patient tachycardiac – heart rate over 120?	
Does the patient have an infection?	

Other relevant investigations	Yes/No	Results	Date
GI (OGD/Colonoscopy)			
Neurological (CT/MRI)			
Vascular (carotid Doppler)			
Surgical (recent or planned surgery/dental work-up)			
Blood (special Haematology)			
Other			

Additional Details/Information: _____