

## COMPLEX ATRIAL FIBRILLATION ASSESSMENT (CAFA) CLINIC REFERRAL FORM

### Identify

#### Patient Details/Bradma

Patient Name: ..... Date of Birth: .....

Monash Health UR Number: .....

Address: .....

Home Number: ..... Mobile Number: .....

Email: .....

#### Requester Details

Referring Dr: ..... Signature: ..... Date: .....

Provider No: ..... Phone No: ..... Pager No: .....

Address: .....

Copy of Report/Letters to: 1. ....

2. ....

#### Situation Relevant clinical details including details of cardiac symptoms

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#### Background Brief medical history including details of any past cardiac investigations

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#### Please tick the appropriate boxes:

- |                                                                                                                                                                  |                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Hypertension.....                                                                                                                       | <input type="checkbox"/> Smoking                                               |
| <input type="checkbox"/> Diabetes.....                                                                                                                           | <input type="checkbox"/> Obstructive sleep apnea                               |
| <input type="checkbox"/> Previous stroke                                                                                                                         | <input type="checkbox"/> Coronary artery disease (e.g. previous AMI/PCI/CABGs) |
| <input type="checkbox"/> Heart failure (LVEF .....%)                                                                                                             | <input type="checkbox"/> Surgical MAZE/PVI Date: ...../...../.....             |
| <input type="checkbox"/> Renal dysfunction Creatinine..... umol/l                                                                                                |                                                                                |
| <input type="checkbox"/> Family history of atrial fibrillation (at least one 1st degree relative with early onset atrial fibrillation <math>\leq</math>45 years) |                                                                                |

Current medications: .....

Baseline investigation (enclose copies of results with referral):  ECG Date: ...../...../.....  24 Holter Monitor Date: ...../...../.....

Echocardiogram Date: ...../...../.....  Other ..... Date: ...../...../.....

#### Assessment Clinical question to be answered with complex atrial fibrillation pain clinic review

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#### Request

- Complex Atrial Fibrillation (CAF) Clinic - Cardiologist Review

**Thank you for your referral. Your patient will receive an appointment for our Complex Atrial Fibrillation Assessment Clinic at MonashHeart Clayton after confirmation of appropriate indications. You will receive a letter regarding findings/tests/recommendations.**

The MonashHeart Complex Atrial Fibrillation Assessment (CAFA) Clinic is a tertiary referral clinic conducted every fortnight at MonashHeart Clayton and offers an entry point for AF patients with documented management issues into the MonashHeart Cardiology service.

The CAFA clinic is a cardiologist led clinic for review of referred outpatients with problems such as: symptomatic drug-refractory AF; patients with intolerance to, or significant side effects from anti-arrhythmic drugs (class 1 or 3); unstable anticoagulation or bleeding complications; patients requiring assessment for catheter ablation for atrial fibrillation or pacemaker implantation/atrioventricular (AV) node ablation or left atrial appendage closure device. The clinic can also provide monitoring of outcomes following cardiac surgical interventions for AF.

There will be no cost to the patient. The CAFA clinic is bulk billed.

### Referral Guidelines

#### Appropriate patients for the CAFA Clinic include:

- Symptomatic AF refractory or intolerant to at least one anti-arrhythmic or rate-control medication
- Symptomatic AF with heart failure and/or reduced ejection fraction
- AF patients with recurrent stroke despite therapeutic anticoagulation
- AF patients with anticoagulation complications or management issues
- Review following cardiac surgical MAZE or PVI procedures

#### Patients INAPPROPRIATE for the CAFA clinic include:

- Asymptomatic AF on stable drug therapy
- New diagnosis of AF prior to routine baseline investigations and commencement of therapy
- No prior cardiology or neurology assessment



#### MonashHeart Suite D

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[www.monashheart.org.au](http://www.monashheart.org.au)