



PreOperative Clinic Screening  
Pacemaker / Implantable Cardioverter Defibrillator (ICD)  
Assessment Request

Patient Label

The noted patient has a Cardiac Rhythm Device and is being prepared for surgery.

**WE WISH TO PROVIDE OPTIMAL SAFE CARE FOR OUR PATIENT: PLEASE ASSIST US BY PROVIDING THE FINAL PROGRAM SETTINGS FROM THE MOST RECENT CLINIC APPOINTMENT**

Please fax this information to the Pre- Admission Clinic at

If you have any questions, please contact the Pre-Admission Clinic at .

**Patient:** \_\_\_\_\_ **Health Care Number:** \_\_\_\_\_

**Surgeon:** \_\_\_\_\_ **Surgical Procedure:** \_\_\_\_\_

**Planned OR Date:** \_\_\_\_\_

**Please provide the following information:**

Device Type:  Pacer,  ICD,  CRT-P,  CRT-D: \_\_\_\_\_

Manufacturer & model: \_\_\_\_\_, \_\_\_\_\_

Is the device under recall or advisory?  No  Yes \_\_\_\_\_

Date and hospital of implant: \_\_\_/\_\_\_/\_\_\_\_, \_\_\_\_\_

Date of most recent follow up: \_\_\_/\_\_\_/\_\_\_\_

Follow up clinic and physician: \_\_\_\_\_

Minimum battery longevity >6 months?  Yes  No

Programmed mode with

lower rate \_\_\_\_\_, upper tracking rate \_\_\_\_\_, and upper sensor rate \_\_\_\_\_.

Ventilation sensor:  Yes  No  off, N/A

A-paced \_\_\_\_\_%, V-paced \_\_\_\_\_ % at last follow up, Consider dependant?  Yes  No

VT detection rate: \_\_\_\_\_, VF detection rate: \_\_\_\_\_

Response to magnet:  none (defeated),  asynchronous pacing,  suspend tachy detection

Expected response to magnet removal:  resume original settings,  others

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

**Thank you very much for your assistance!**