

RECORDS REQUIRED WITH REFERRAL SHEET
Referring Provider: _____ **Clinic Contact #:** _____

Patient Name: _____ **Date of Birth:** _____ **Phone:** _____

Alternate phone #: _____

Patient is being referred to the HH Heart Center for evaluation for Left Atrial Appendage Closure (LAAC) for management of stroke risk resulting from non-valvular atrial fibrillation.

***Would this patient benefit from an evaluation for pulmonary vein isolation/atrial fibrillation ablation at the time of the LAAC?**
YES _____ **NO** _____

Based on medical history, it has been determined that he/she is a poor candidate for long-term oral anticoagulation, however, may be tolerant of short-term treatment with Warfarin/DOAC as necessary.

Indications for LAAC:

- Prior significant bleeding history
- At elevated risk for future bleeding
- Other (please document below):
-

CHA2DS2VASc Score: _____ **HAS-BLED Score:** _____

*A shared decision has been made to pursue closure of the left atrial appendage as a safe and effective alternative to oral anticoagulant therapy for stroke prophylaxis and to reduce their long-term risk of incidence of bleeding. Their individual CHA2DS2-VASc score, HAS-BLED score, and past history have been used to come to this conclusion. We have discussed their unique stroke and bleeding risk both on and off oral-anticoagulation and the rationale for this referral.

CHA2DS2VASc Score (Stroke Risk)		
Condition Points		Points
C	Congestive Heart Failure	1
H	Hypertension (SBP > 160)	1
A	Age ≥ 75 Years	2
D	Diabetes mellitus	1
S2	Prior stroke, TIA or thromboembolism	2
V	Vascular disease (PAD,MI)	1
A	Age 65-74 years	1
Sc	Sex category (Female)	1
TOTAL POINTS		

HAS-BLED Score (Bleeding risk with warfarin)		
Condition		Points
H	Hypertension	1
A	Abnormal renal/liver function (1pt each)	1 or 2
S	Hemorrhagic Stroke	1
B	Bleeding history or disposition	1
L	Labile	1
E	Elderly	1
D	Current drugs (medication) or alcohol use (1pt each)	1 or 2
TOTAL POINTS		

Referring MD Signature: _____ **Date/Time:** _____