Australia

Providing information support and access to established, new or innovative treatments for Atrial Fibrillation

Atrial Fibrillation Checklist

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Introduction

If you have <u>been diagnosed</u> as suffering from Atrial Fibrillation or Atrial Flutter, it would be very useful to your doctor if you would fill out this checklist which is designed to provide your doctor with some of the information that may be needed to choose the best treatment for you. Atrial Fibrillation and Atrial Flutter are common heart rhythm disturbances which may produce symptoms such as palpitations, breathlessness, chest pain and tiredness. In some patients the rhythm disturbances may result in complications such as heart failure (sluggish beating of the heart) or sometimes stroke. There are many different and important treatments for atrial fibrillation and atrial flutter which are very effective, preventing the symptoms and the complications of the condition. The right choice of treatment depends in part on accurate information from the patient.

This checklist is intended to help to provide that important information to your doctor. It would be very useful to fill this out before visiting you doctor. Do not worry if there are any technical terms you do not understand – just put a question mark (?)

What is your name? ....

Date of Birth: .... / .... / ....

What is your gender? Male ☐ Female ☐

Do you suffer from any of these symptoms?

	Yes	*No*	*When (date)*
Palpitations lasting more than 2 seconds	☐	☐	....
Irregular	☐	☐	....
Fast	☐	☐	....
Breathlessness	☐	☐	....
With palpitations	☐	☐	....
On exercise	☐	☐	....
Chest pain	☐	☐	....
With palpitations	☐	☐	....
On exercise	☐	☐	....
Tiredness	☐	☐	....
Ankle swelling	☐	☐	....

Have you had any of these medical conditions or procedures?

	Yes	*No*	*When (date)*
Heart Attack	☐	☐	....
High blood pressure	☐	☐	....
Heart failure	☐	☐	....
Thyroid disturbances	☐	☐	....
Diabetes	☐	☐	....
Stroke or TIA	☐	☐	....
Heart surgery	☐	☐	....
Electrical shock treatment for your heart	☐	☐	....
Ablation treatment	☐	☐	....
Pacemaker implantation	☐	☐	....
ICD implantation	☐	☐	....

Have you been given a definite diagnosis of:

Atrial Fibrilliation?:	Yes ☐	No ☐	Since When: ....
Atrial Flutter?:	Yes ☐	No ☐	Since When: ....
Both?:	Yes ☐	No ☐	Since When: ....

Is your rhythm problem...

Occuring as attacks?	Yes ☐	No ☐	Since When: ....
Present at all time?	Yes ☐	No ☐	Since When: ....

Have you been treated with any of these medicines?

Sotalol	Yes ☐	No ☐	Since When: ....
Flecainide	Yes ☐	No ☐	Since When: ....
Dronedarone	Yes ☐	No ☐	Since When: ....
Amiodarone	Yes ☐	No ☐	Since When: ....
Digoxin	Yes ☐	No ☐	Since When: ....
Beta blocker	Yes ☐	No ☐	Since When: ....
Calcium blocker	Yes ☐	No ☐	Since When: ....
Warfarin	Yes ☐	No ☐	Since When: ....
Dabigatran	Yes ☐	No ☐	Since When: ....
Aspirin	Yes ☐	No ☐	Since When: ....

Are you currently being treated with any of these medications?

Sotalol	Yes ☐	No ☐
Flecainide	Yes ☐	No ☐
Dronedarone	Yes ☐	No ☐
Amiodarone	Yes ☐	No ☐
Digoxin	Yes ☐	No ☐
Beta blocker	Yes ☐	No ☐
Calcium blocker	Yes ☐	No ☐
Warfarin	Yes ☐	No ☐
Dabigatran	Yes ☐	No ☐
Aspirin	Yes ☐	No ☐

Have you seen another doctor about this condition?

			When (date)
GP / Family doctor	Yes ☐	No ☐	....
Casualty doctor	Yes ☐	No ☐	....
Hospital doctor	Yes ☐	No ☐	....
Cardiologist	Yes ☐	No ☐	....
Rhythm doctor	Yes ☐	No ☐	....

Have you had any of the following tests?
If you have any results at home, please bring them to the clinic

			When (date)
Resting ECG	Yes ☐	No ☐	....
Exercise ECG	Yes ☐	No ☐	....
Event ECG monitor	Yes ☐	No ☐	....
Implantable ECG monitor	Yes ☐	No ☐	....
Echo scan of the heart	Yes ☐	No ☐	....
Thyroid function blood test	Yes ☐	No ☐	....
Other Blood tests	Yes ☐	No ☐	....

Do you have a copy of your ECG?
If you do please bring it to the clinic

			When (date)
When normal	Yes ☐	No ☐	....
When rhythm abnormilty is present	Yes ☐	No ☐	....

ECG = *electrical tracing of your heart beat*

Beta blockers = *propranolol, atenolol, metoprolol, bisoprolol and other drugs ending "olol"*

Calcium Blockers = *verapamil or diltiazem*

TIA = *transient ischemic attacks*

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This checklist has been adapted for AFA Australia with kind permission from the Atrial Fibrillation Association

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www.heartrhythmcharity.org.uk

Please remember these are general guidelines and individuals should always discuss their condition with their own doctor.

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