

Atrial Fibrillation Quality Care Program (AFQCP)

AF Care Plan

Dear _____, Initial visit Follow up visit MRN _____
Mr/Ms. _____ DOB _____ was seen in the AFQCP on _____ (date).

REASON FOR VISIT (AF pattern):

VITALS: HR: _____ BPM BP: _____ JVP: _____ TODAY'S HEART RHYTHM: _____

WHAT WE DID: RATE CONTROL RHYTHM CONTROL STROKE PREVENTION

SEVERITY OF AFIB:

RATE/RHYTHM CONTROL MEDICATION:

STROKE PREVENTION TREATMENT AND RATIONALE: CHADS₂ Score: _____ HASBLED Score: _____ CrCl: _____ ml/min

WHAT WE ARE GOING TO DO:

FAMILY PHYSICIAN ACTION PLAN – WHAT WE NEED YOU TO DO:

DISPOSITION Follow up with AFQCP Transfer care back to Family Physician.

Care plan discussed with patient: Also followed by: Electrophysiologist _____

Full review by: _____ Cardiologist _____

We are happy to support the ongoing AF care for this patient. Please contact us at the AFQCP:

TEAM: