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Atrial fibrillation checklist

Working to provide information, support and access to established, new or innovative treatments for Atrial Fibrillation (AF)

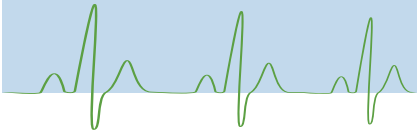
Atrial fibrillation checklist

If you have been diagnosed with atrial fibrillation, this checklist is designed to provide your doctor or specialist with information they can use when choosing the best treatment for you.

Atrial fibrillation and atrial flutter are common heart rhythm disturbances which may result in complications such as heart failure (sluggish beating of the heart) or sometimes stroke. Symptoms include palpitations, breathlessness, chest pain and tiredness.

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 on the accuracy of information provided by the patient.

This checklist is intended to help provide important information to your doctor. It would be useful to complete the form prior to visiting your doctor. Do not worry if there are any technical terms you do not understand – just put a question mark.



Your name: .....

Date of birth: ..... / ..... / .....

Gender: Male ❑ Female ❑

Do you suffer from any of these symptoms?

	Yes	No	When (date)
Palpitations lasting more than 15 seconds	❑	❑	.....
Irregular	❑	❑	.....
Fast	❑	❑	.....
Breathlessness	❑	❑	.....
At rest	❑	❑	.....
With palpitations	❑	❑	.....
When exercising	❑	❑	.....
Chest pain	❑	❑	.....
At rest	❑	❑	.....
With palpitations	❑	❑	.....
During 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 (mini-stroke)	❑	❑	.....
Heart surgery	❑	❑	.....
Electrical cardioversion	❑	❑	.....
Ablation treatment	❑	❑	.....
Pacemaker implantation	❑	❑	.....
ICD implantation	❑	❑	.....
Vascular disease / problems with arteries	❑	❑	.....

Have you been given a definite diagnosis of:

	Yes	No	Since when
Atrial fibrillation?	❑	❑	.....
Atrial flutter?	❑	❑	.....

Is your heart rhythm problem...

	Yes	No	Since when
Occuring as attacks?	❑	❑	.....
Present at all times?	❑	❑	.....

Are you currently, or have you ever been treated with any of these medicines?

			Since when
Amiodarone	Yes ❑	No ❑	.....
Apixaban (Eliquis)	Yes ❑	No ❑	.....
Aspirin	Yes ❑	No ❑	.....
Beta blocker*	Yes ❑	No ❑	.....
Rate limiting calcium channel blockers* (diltiazem, verapamil)	Yes ❑	No ❑	.....
Clopidogrel	Yes ❑	No ❑	.....
Dabigatran etexilate (Pradaxa)	Yes ❑	No ❑	.....
Digoxin	Yes ❑	No ❑	.....
Dronedarone	Yes ❑	No ❑	.....
Edoxaban (Lixiana)	Yes ❑	No ❑	.....
Flecainide	Yes ❑	No ❑	.....
Propafenone	Yes ❑	No ❑	.....
Rivaroxaban (Xarelto)	Yes ❑	No ❑	.....
Sotalol	Yes ❑	No ❑	.....
Statins	Yes ❑	No ❑	.....
Verapamil	Yes ❑	No ❑	.....
Warfarin (Coumadin)	Yes ❑	No ❑	.....
Vitamin supplements / alternative remedies	Yes ❑	No ❑	.....

Have you seen another doctor about your condition?

			When (date)
GP / Family doctor	Yes ❑	No ❑	.....
Casualty doctor / A&E department	Yes ❑	No ❑	.....
Hospital doctor	Yes ❑	No ❑	.....
Cardiologist	Yes ❑	No ❑	.....
Heart Rhythm doctor (Electrophysiologist) / Arrhythmia Nurse Specialist	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 EKG	Yes ❑	No ❑	.....
Exercise EKG	Yes ❑	No ❑	.....
Event EKG monitor	Yes ❑	No ❑	.....
Implantable EKG monitor	Yes ❑	No ❑	.....
24hr, 48hr, 7 day, 14 day wearable 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 EKG? If you do, please bring it to the clinic

			When (date)
Resting EKG	Yes ❑	No ❑	.....
Exercise EKG	Yes ❑	No ❑	.....

***EKG** = electrical tracing of your heart beat ***Calcium channel blockers** = diltiazem (Adizem, Calcicard, Dilzem, Slozem,Tildiem) or verapamil (Cordilox, Securon, Univer, Vertab, Zolvera) ***Beta blockers** = propranolol, atenolol, metoprolol, bisoprolol and other drugs ending "olol"*
****TIA (mini-stroke)** = transient ischaemic attacks*

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"I found it so much easier to have something in writing to present to the doctor - the checklist is a must for anyone"
Amy

To view our patient resources, scan the QR code below:

Please remember that this publication provides general guidelines only. Individuals should always discuss their condition with a healthcare professional. If you would like further information or would like to provide feedback, please contact AF Association.

Acknowledgments: AF Association would like to thank all those who helped in the development and review of this publication. Particular thanks are given to Dr Andreas Wolff, Dr Matthew Fay, Dr Charlotte D'Souza and Francesca Calahan.

If you would like further information or would like to provide feedback please contact AF Association.