

PACEMAKER INDICATION FORM
(For Initial Implants or Generator Replacements)

INSTRUCTIONS: Review and complete all section(s). Must be completed for initial implants and generator replacements prior to the initiation of the procedure.

Patient Name: _____

A. Indication(s) for cardiac pacemaker Implant or Replacement:

(Check all that apply)

- Patient qualifies for cardiac resynchronization therapy
 - Generator replacement is indicated
 - Third degree (complete) atrioventricular (AV) block
 - Second degree atrioventricular (AV) block, Mobitz type I or II
 - Sinatrial node dysfunction
 - Sick sinus syndrome/ Tachycardia-bradycardia syndrome
 - Congenital heart block
 - Congenital heart disease
 - Obstructive hypertrophic cardiomyopathy
 - Sustained pause-dependent ventricular tachycardia, with or without QT prolongation
 - Pacemaker insertion in advance of AV node ablation procedure
 - Other cause of non-reversible symptomatic bradycardia, specify: _____
- _____
- _____

B. Patient has the following symptoms attributed to bradycardia/arrhythmia:

(Check all that apply)

- Dizziness Lightheadedness Syncope/near-syncope Heart failure
- Exercise intolerance caused by poor heart rate response to exertion Seizure Confusion
- Other _____

C. Check one of the following:

- Patient's bradycardia, tachycardia-bradycardia syndrome, or sustained pause-dependent ventricular tachycardia does not have a temporary or reversible cause;

OR

- Patient receives necessary medical therapy that contributes to bradycardia that cannot be safely reduced or withdrawn due to the underlying condition of: _____
- _____

Provider Signature: _____ Date: _____ Time: _____

Cath Lab Reviewer Signature: _____ Date: _____ Time: _____

Scheduled Procedure Date: _____



PT.

MR.#/RM.

DR.