# OneWelbeck Heart Health Invasive Procedure Booking Form

*Please complete all sections of the form. By completing this form, you confirm you have consent require to share this information.*

## PATIENT DETAILS

TITLE: FORENAME(S): SURNAME: ONEWELBECK PATIENT ID:

DATE OF BIRTH: GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

RESIDENTIAL ADDRESS: POSTCODE:

TELEPHONE: MOBILE: EMAIL:

## PROCEDURE(S)

☐ 20143 Removal of implantable ECG loop recorder

☐ K5761 - Ablation of atrial fibrillation by isolation of the pulmonary veins using Farapulse (PFA)

☐ K5760 Ablation of atrial fibrillation by isolation of the pulmonary veins including cryoablation (CRYO)

☐ K5760-CAR - Ablation of atrial fibrillation by isolation of the pulmonary veins (including mapping) (CARTO)

☐ K5730 Ablation of atrial arrhythmia

☐ K5730-CAR - Ablation of atrial arrhythmia (including mapping) (CARTO)

☐ K5780 Ablation of accessory pathway or selected modification of AV node

☐ K5780-CAR Ablation of accessory pathway or selected modification of AV node (CARTO)

☐ K5720 Ablation of AV nodal re-entry tachycardia (K5780)

☐ K5720-CAR - Ablation of AV nodal re-entry tachycardia (CARTO)

☐ K5710-CAR - Ablation of atrio-ventricular junction (including mapping) (CARTO)

☐ K5790-CAR - Ablation of left atrial tachycardia (including mapping) (CARTO)

☐ K5810 Diagnostic intracardiac electrophysiological study

☐ X5020 External cardioversion (DCCV)

☐ 64302 Trans-esophageal echocardiography (TOE)

☐ K1680 Transluminal closure of atrial septal defect (ASD) / patent foramen ovale (PFO)

☐ K6000 Single chamber permanent pacemaker insertion

☐ K6010 Dual chamber permanent pacemaker insertion

☐ K6015 Implantation of biventricular pacemaker

☐ K6030 Replacement of generator for intravenous cardiac pacemaker system (without lead change)

☐ K6111 Insertion of combined biventricular pacemaker and cardioverter defibrillator (CRT-D)

☐ K6100 Insertion of single chamber implantable cardioverter defibrillator (ICD)

☐ K6050 Replacement implantable cardioverter defibrillator (ICD), without lead change

☐ K6105 Insertion of dual chamber implantable cardioverter defibrillator (ICD)

☐ K6115 Insertion of an implantable cardioverter defibrillator with subcutaneous leads (subcutaneous ICD)

☐ K080 Removal of pacing system without bypass (including leads)

☐ SEDATION ☐ L/A ☐ GA ☐ REGIONAL BLOCK ☐ OTHER:

ANAESTHESIST: ESTIMATED PROCEDURE DURATION:

DATE & TIME OF PROCEDURE: POSITION ON LIST:

EQUIPMENT REQUIRED:

Imaging required in Theatre ☐ YES ☐ NO

COVID –19 Screening (within 7 working days): ☐ YES ☐ NO

Take home medication confirmed and provided: ☐ YES ☐ NO

REFERRER NAME:

ORIGINATING PHYSICIAN (if Heart Health partner):

## DRUG & MEDCIAL HISTORY (tick yes if relevant)

| | | | |
|---|---|---|---|
| ANTICOAGULANT/ANTIPLATELET | ☐ YES ☐ NO | RHEUMATOID ARTHRITIS | ☐ YES ☐ NO |
| ASPIRIN | ☐ YES ☐ NO | CARDIOVASULAR PACEMAKER | ☐ YES ☐ NO |
| DIABETES – INSULIN/TABLET | ☐ YES ☐ NO | RESIRATORY | ☐ YES ☐ NO |
| ALLERGIES | ☐ YES ☐ NO | ABILITY TO CONSENT | ☐ YES ☐ NO |
| INFECTIVE (HIV/TB/HEPATITIS) | ☐ YES ☐ NO | MOBILITY PROBLEMS | ☐ YES ☐ NO |

OTHER (PLEASE STATE) :

Please refer to page 2 for requirements, payment and signature details.

**Please attach the last clinic letter, any relevant test results and any additional documentation to this form and submit to us via one of the following:**

**E:** bookings.hearthealth@onewelbeck.com **A:** OneWelbeck Heart Health, 1 Welbeck Street, London W1G 0AR **T:** +44 (0)20 3653 2005

OneWelbeck Heart Health

## EXTRA REQUIREMENTS

SPECIAL EQUIPMENT REQUIREMENTS: WHEELCHAIR ACCESS: ☐

INTERPRETER REQUIRED: ☐ Yes, please confirm language

OTHER:

## EFERRER DETAILS

GP/REFERRER NAME: GP/REFERRER PRACTICE:

GP/REFERRER CONTACT NUMBER: GP/REFERRER EMAIL:

## PAYMENT DETAILS (IF KNOWN)

| ☐ Bill to Patient | ☐ Bill to Embassy | ☐ Bill to Insurer | ☐ Bill to Referrer |
|---|---|---|---|
| | INSURANCE COMPANY: | EMBASSY: | AGENCY NAME: |
| | MEMBERSHIP NO. | LETTER OF GUARANTEE: ☐ (please attach) | |
| | AUTHORISATION CODE: | | |

NAME: SIGNED: DATE:

PROFESSIONAL REG NO:

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