AF Association
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Atrial fibrillation checklist



Working together to provide information, support and access to established, new or innovative treatments for atrial fibrillation

Registered Charity No. 1122442

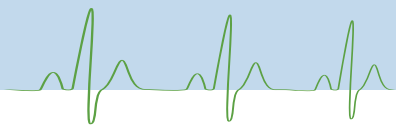
Atrial fibrillation checklist

This checklist is designed to provide your doctor or specialist with information they can use to choose the best treatment for you if you have been diagnosed with atrial fibrillation.

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 in part on accurate information from the patient.

This checklist is intended to help provide that 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	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 ECG	Yes ❑	No ❑	.....
Exercise ECG	Yes ❑	No ❑	.....
Event ECG monitor	Yes ❑	No ❑	.....
Implantable ECG monitor	Yes ❑	No ❑	.....
24hr, 48hr, 7 day, 14 day 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 abnormality is present	Yes ❑	No ❑	.....

***ECG** = 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 must for anyone
Amy in Lincolnshire

Please remember that this publication provides general information. You should always discuss and seek advice from your healthcare professional what is most appropriate for you.

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