



Sunnybrook

SCHULICH HEART CENTRE

Left Atrial Appendage Closure Program

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Patient Name: [ ]

Date of Birth: [ ]

Health Card: [ ]

Phone Number: [ ]

Email: [ ]

Referring Physician: [ ]

Billing #: [ ]

Date of referral: [ ]

Please check all that apply\*:

Non valvular AF (includes patients with ≤ moderate Mitral stenosis)

CHADS2 ≥ 1 or CHADS2VASc ≥ 2

History of bleeding related or unrelated to OAC  
 Brain     GI     GU     Other

Increased risk of bleeding or bleeding tendencies

Contraindication to OAC  
 Renal Failure     Allergy     Other

Other contraindications including  
 Intracranial mass     Liver disease  
 Age ≥ 85 years     Dementia  
 Anemia     Hematologic issues  
 Lifestyle / occupational risk     Other medical/psychosocial issues

Stroke while on OAC

**FAX TO 416 480 5707 OR EMAIL SHELDON.SINGH@SUNNYBROOK.CA**

\*: CorHealth Ontario: Considerations for identifying patients for percutaneous LAA closure in Ontario