Arrhythmia Alliance
The Heart Rhythm Charity

Patient Information Booklets

HEART RHYTHM BOOKLETS	**PLEASE TICK**
Atrial Fibrillation inc Atrial Flutter	
Blackout Checklist	
Bradycardia (slow heart rhythm)	
Catheter Ablation	
Catheter Ablation for Atrial Fibrillation	
Drug Treatment for Arrhythmias	
Electrophysiology Studies (EPS)	
Exercising with your Implantable Cardiovertor Defibrillator (ICD)	
Flecainide Challenge	
Frequently Asked Questions	
Heart Rhythm Charity (General Information)	
Highlighting the work of the Alliance	
Implantable Cardiovertor Defibrillator (ICD)	
Implantable Cardiovertor Defibrillator / Cardiac Resynchronisation Therapy (ICD/CRT)	
Insertable Loop Recorder	
National Service Framework Chapter 8	
Paediatric Arrhythmia Information	
Pacemaker/Cardiac Resynchronisation Therapy (Pacemaker CRT)	
Pacemaker	
Patient Information	
Remote Monitoring for Implantable Cardiovertor Defibrillator (ICD's)	
Sudden Cardiac Arrest	
Syncope	
Supraventricular Tachycardia (SVT)	
Tachycardia (fast heart rhythm)	
Tilt Test	
FOR PROFESSIONALS ONLY:	
Blackout Checklist	
How to establish Rapid Access Clinics	
Implantable Cardiovertor Defibrillator (ICD) Deactivations	
Physiological Manoeovres to stop Supraventricular Tachycardia (SVT's)	
OTHER ITEMS	
Badges (£1 each)	
T-Shirts (£5 each S M L XL)	

We are able to send out one of each booklet free of charge. If you require more than this please contact us by email ***heartrhythm@stars.org.uk*** *or tel +44 (0)1789 450787.*

Name.....

Address .....

..... Postcode .....

Tel .....

Email .....

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Membership is free to patients and carers however if you would like to make a DONATION please complete and return.

I would like to make a donation to A-A and enclose:	£
I have made donation to A-A via PAYPAL at www.arrhythmiaalliance.org.uk to the sum of:	£/$
I have arranged a standing order from my Bank/ Building Society Account to A-A. (min amount £10p.a.)	£
Please tick here if you agree to Gift Aid your subscription/donation	☐ Tick here

Gift Aid

Name of taxpayer: .....

Address: .....

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Please allow Arrhythmia Alliance to claim an extra 28p for every £1 you donate at no cost to you. I want Arrhythmia Alliance to treat all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I currently pay an amount of income tax and/or capital gains tax at least equal to the tax that Arrhythmia Alliance reclaims on my donations in the tax year. I may cancel this declaration at any time by notifying A-A. I will notify A-A if I change my address. Please note full details of Gift Aid tax relief are available from your local tax office in leaflet IR 65. If you pay tax at a higher tate you can claim further tax relief in your Self-Assessment tax return.

Standing Order Authority

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Please Pay: A-A, Account: 02685818 Sort Code: 30-98-26, Lloyds TSB Plc, 22 Bridge St, Stratford upon Avon, CV37 6AG	
The Sum of £:	On (1st Date): / / 200....
And after this, every: Month / Year (delete)	Account No.:
Sort Code:	Signature:
Date:	**Please hand this form out to your Bank**

Credit Card Payment

Card Type:	Expiry Date:
Card Number:	Amount of £:
Name on Card:	Address:

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