

Publication List

*A-A publications are accredited by the Executive Committee
and endorsed by the Department of Health*

PATIENT INFORMATION BOOKLETS

PLEASE TICK

Atrial Fibrillation Checklist

Arrhythmia Checklist

Blackout Checklist

Bradycardia (slow heart rhythm)

Cardiac Resynchronisation Therapy / Implantable Cardioverter Defibrillator CRT/ICD

Cardiac Resynchronisation Therapy / Pacemaker CRT/Pacemaker.....

Catheter Ablation.....

Drug Treatments for Arrhythmias.....

Electrophysiology Studies (EPS).....

Exercising with your Implantable Cardioverter Defibrillator (ICD)

Frequently Asked Questions.....

Genetic Testing for Inherited Heart Conditions

Highlighting the work of the Alliance

Implantable Cardioverter Defibrillator (ICD)

Insertable Loop Recorder

Long QT Syndrome

National Service Framework Chapter 8

Pacemaker

Palpitation Checklist

AA Patient Information

Remote Monitoring of Pacemakers and ICDs Patient Information

Sudden Cardiac Arrest

Supraventricular Tachycardia (SVT)

Syncope including Vasovagal Syncope.....

Tachycardia (fast heart rhythm)

Testing Using Drug-Injections to investigate the Possibility of a Risk of Sudden Cardiac Death

Tilt Test

FOR PROFESSIONALS ONLY:

How to establish Rapid Access Clinics.....

Implantable Cardioverter Defibrillators (ICDs in Dying Patients)

Physiological Manoeuvres to stop Supraventricular Tachycardia (SVTs)

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

Name

Address

..... Postcode

Tel

Email

www.heartrhythmcharity.org.uk

Return to:- Arrhythmia Alliance PO Box 3697 Stratford upon Avon Warwickshire CV37 8YL

Published March 2007 Revised April 2009

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:.....
.....
Postcode:

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 rate you can claim further tax relief in your Self-Assessment tax return.

Standing Order Authority

My Bank:	
Bank Address:	
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: