

Vancouver Transcatheter Heart Valve Program

St. Paul's Hospital

Room 5258 – 5CD

1081 Burrard Street

Vancouver BC, V6Z 1Y6

Tel : 604-682-2344 ext. 62658

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Email: TranscatheterValve@providencehealth.bc.ca

Patient Information:

Name: _____

DOB: _____

PHN: _____

Address: _____

City: _____ Postal Code: _____

Phone Contact (s): _____

Alternate Contact(s): _____

Email: _____

REFERRAL FORM – Evaluation for transcatheter heart valve procedure

Date: _____

Number of pages (including this one): _____

Referring provider: _____

Phone contact #: _____

Primary provider: _____

Phone contact #: _____

Fax: _____

Current patient status: Elective In-patient – Hospital: _____ Unit: _____

VALVULAR HEART DISEASE TYPE:	
<input type="checkbox"/> Referral for transcatheter aortic valve implantation (TAVI)	<input type="checkbox"/> Aortic stenosis <input type="checkbox"/> Aortic regurgitation
	<input type="checkbox"/> Previous aortic valve replacement (valve-in-valve referral)
<input type="checkbox"/> Referral for transcatheter mitral valve procedure	<input type="checkbox"/> Mitral stenosis <input type="checkbox"/> Mitral regurgitation
	<input type="checkbox"/> Previous mitral valve replacement (valve-in-valve referral)
<input type="checkbox"/> Referral for transcatheter tricuspid valve procedure	<input type="checkbox"/> Tricuspid stenosis <input type="checkbox"/> Tricuspid regurgitation
	<input type="checkbox"/> Previous tricuspid valve replacement (valve-in-valve referral)
<input type="checkbox"/> Referral for Paravalvular Leak	
Comments:	
REFERRAL DOCUMENTS: <i>(Please check if included)</i>	
REQUIRED	IF AVAILABLE
<input type="checkbox"/> Recent medical history and/or consult within 1 year	<input type="checkbox"/> Cardiac and/or THV CT (images)
<input type="checkbox"/> Cardiac echo report (report and images) within 1 year	<input type="checkbox"/> Cardiac catheterization (report and images)
<input type="checkbox"/> Recent blood work report: eGFR and Hgb	<input type="checkbox"/> Surgical consultation – <i>Surgeon's name:</i>
<i>Images can be uploaded on the inter-hospital transfer grid or sent to the THV Clinic as a CD/DVD</i>	<input type="checkbox"/> Other consultation reports (e.g., geriatric, oncology and/or respiratory medicine, pulmonary function test)
Comments:	
<p>Vancouver Transcatheter Heart Valve referral program</p> <ul style="list-style-type: none"> Referrals are accepted for eligibility assessment for transcatheter aortic and mitral valve implantation (transfemoral and non-transfemoral vascular access; native valve and valve-in-valve), percutaneous mitral valve repair, and other transcatheter heart valve procedures. All referrals are processed through the THV program. A notice of acceptance of referral is faxed back to the referring physician. Standard diagnostic work-up may include cardiac catheterization, CT chest and pelvic, additional echocardiography, and medical, surgical and nursing assessment. All patients are reviewed by an interdisciplinary Heart Team. This process includes confirmation of high/excessive risk for open surgical approach by a THV surgeon and consideration of patient's likelihood to derive benefit from the procedure. The Centre for Heart Valve Innovation participates in clinical trials of devices and procedural approaches. The patient/family and referring provider(s) are informed of the recommendation for treatment by the THV Program Coordinator and/or physician. 	