



HERITABLE AORTOPATHIES CLINIC REFERRAL



Cardiology Referral

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HERITABLE AORTOPATHIES CLINIC TEL: (604) 682-2344 EXT 2263728 EMAIL: SPHHAC@phc.ca FAX: 604-602-8644

****For urgent requests, call (604) 696-2131 Rapid Access to Consultative Expertise (RACE)**

Date of Referral (dd/mmm/yyyy):		
Name: (last, first)		Telephone: Cell: _____ Work: _____ Other: _____
Former name/maiden name:		
Address:		
City:	Postal code:	
DOB: (dd/mmm/yyyy)	PHN:	☐ Interpreter required Language: _____
Alternative contact: (name)		
Relationship to patient:		Telephone:

REFERRING CLINICIAN:		
Name:	Specialty:	Billing number:
Address:		
Telephone:	Fax:	

LEVEL OF URGENCY:	
☐ Priority Priority reason: _____ ☐ Routine	Patient pregnant? ☐ No ☐ Yes If yes, place additional referral to Cardiac Obstetrics Clinic (COB)

REASON FOR REFERRAL: ☐ Confirmed ☐ Suspected		
Syndromic Aortopathy* Provide supportive findings below ☐ Marfan Syndrome o Complete Ghent systemic score (marfan.org/dx) ☐ Loeys-Dietz Syndrome ☐ Vascular Ehlers-Danlos Syndrome (Type 4) ☐ Hypermobile & Classic Ehlers-Danlos Syndrome, <u>with</u> confirmed dilated aorta	Non-Syndromic Aortopathy Patient has dilated aorta or history of thoracic aortic dissection, including one or more of the following: ☐ Age less than 60 ☐ Family history of aneurysm or dissection ☐ Biopsy appearance of aortic connective tissue abnormality	Family History ☐ Patient has a first degree relative with confirmed gene positive aortopathy o Provide relevant records • Genetic test results • Family letter o Is family member known to the HA clinic? Name: _____ ☐ BAV Aortopathy** with one or more of the following: o Syndromic features o Positive family history of aortopathy ** Referrals for isolated BAV surveillance and management should be directed to general cardiology **Turner Syndrome referrals should be sent to VPACH

REQUIRED INFORMATION	
ALL patients: ☐ Relevant consultation notes ☐ Echocardiogram <u>within last 6 months</u> ☐ Medication list ☐ Complete Ghent systemic scoring for suspected Marfan Syndrome (see marfan.org/dx) ☐ List suggestive findings or provide supporting documentation for syndromic aortopathy:	
☐ Results from completed genetic testing ☐ Results from MRI or CT scan if performed	
Other history:	