

St. Paul's Hospital Transcatheter Valve Program
Rm 475A – 4B
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Vancouver BC, V6Z 1Y6
Tel: 604-806-8062
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Name: _____
 DOB: _____ M F
 PHN: _____
 Address: _____
 City: _____ Postal code: _____
 Telephone number(s): _____
 Alternate contact: _____

REFERRAL FORM – Transcatheter aortic valve implantation (TAVI)

Date: _____ Number of pages (including this one): _____

Please ensure the referral is complete to help facilitate the triage decision

Elective referral In-patient – Hospital: _____ Unit: _____
 Agreement for repatriation to referring hospital as required

Please fax:

Recent history or consult

If available:

Recent bloodwork results

Diagnostic results: Cardiac echo, CT scan, cardiac catheterization, PFTs

Additional consultation reports (e.g. geriatrics, psychiatry, social work)

Comments:

Referring physician: _____

Contact #: _____

Family physician: _____

Contact #: _____

Summary of cardiac status:

Primary presentation of AS: <input type="checkbox"/> Angina <input type="checkbox"/> Heart failure <input type="checkbox"/> Syncope/pre-syncope	NYHA functional class: <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV LVEF: _____% CCS Angina class <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> CABG <input type="checkbox"/> Valve surgery: <input type="checkbox"/> AVR <input type="checkbox"/> MVR <input type="checkbox"/> Other pertinent cardiac information:
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Summary of comorbid status:

<input type="checkbox"/> Cerebrovascular disease (CVA, TIA, previous carotid surgery, carotid lesion >79%) <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Current smoker <input type="checkbox"/> COPD/asthma	<input type="checkbox"/> eGFR _____ <input type="checkbox"/> Dialysis <input type="checkbox"/> Warfarin <input type="checkbox"/> Mobility impairment <input type="checkbox"/> Other:
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Physician signature: _____

Fax #: _____

St. Paul's Hospital THV referral process:

- All referrals are processed through the THV program
- Standard diagnostic work-up may include: (1) heart catheterization (coronary, aortic and femoral angiograms) (2) CT chest and/or femoral arteries, (3) additional echocardiography, (4) functional assessment
- Cases are reviewed regularly by interdisciplinary team to assess eligibility for THV. This process includes confirmation of ineligibility for standard AVR by a cardiac surgeon.
- Triage options include: (1) Referral for surgical AVR, (2) Eligibility for **transarterial** THV, (3) Eligibility for **transapical** THV, or (4) Ineligibility for THV (either 'at present' or 'permanently')
- The patient/family and referring physician(s) are informed of the team's decision by the THV coordinator