

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  
 Fax: 604-806-9878  
 Email: [TranscatheterValve@providencehealth.bc.ca](mailto: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 <b>aortic</b> 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 <b>mitral</b> 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 <b>tricuspid</b> 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"> <li>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.</li> <li>All referrals are processed through the THV program. A notice of acceptance of referral is faxed back to the referring physician.</li> <li>Standard diagnostic work-up may include cardiac catheterization, CT chest and pelvic, additional echocardiography, and medical, surgical and nursing assessment.</li> <li>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.</li> <li>The Centre for Heart Valve Innovation participates in clinical trials of devices and procedural approaches.</li> <li>The patient/family and referring provider(s) are informed of the recommendation for treatment by the THV Program Coordinator and/or physician.</li> </ul>	