

## SURGICAL MITRAL AND TRICUSPID VALVE CLINIC

Vancouver, Canada

St. Paul's Hospital, Rm 439, Burrard Bldg. 1081 Burrard St, Vancouver, BC, V6Z 1Y6

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Refer MD: Date: mmm/ dd /yyyy_	Patient Name: M F
Tel: Fax:	DOB: mmm / dd /yyyy PHN:
Family MD:	Tel: Cell:
Referral Status: Elective Urgent	Address:
☐ Inpt.	
Reason for Referral:       Mitral regurgitation       Mitral stenosis       Tricuspid regurgitation         Failed mitral or tricuspid prosthetic valve       Infective endocarditis       Other         Additional comments:       Additional comments:	
Referral: The Clinic Specific Surgeon Previously referred: Yes No.  Required Documents:	
Documents if available:	
<ul> <li>□ Coronary angiography (Cardiac catheterization and/or CTA)</li> <li>□ CT-chest or cardiac</li> <li>□ PFT</li> <li>□ Recent Lab (particularly Hgb, Plt, and Cr./eGFR)</li> <li>□ Other consultations or investigations</li> </ul>	
Information for Referring Physician  For any concerns or questions, please feel free to contact the Clinic.  All patients with mitral or tricuspid valve disease referred to the Clinic will be reviewed by the Clinic Team.  Both conventional and MIS valve surgery is available.  Valve repair will be performed only by one of valve repair surgeons (valve repair expertise).  Surgery will be performed at either St. Paul's Hospital or Vancouver General Hospital.	
To Be Completed by the Valve Clinic MOA	
Date of Received Referral: mmm / dd / yyyy	Screening Surgeon:

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