

Vancouver Transcatheter Heart Valve Program

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Please note our new contact information!



Centre for
Heart Valve Innovation
St. Paul's Hospital, Vancouver



Providence Health Care
Heart Centre



Vancouver Coastal Health
Promoting wellness. Ensuring care.

REFERRAL FORM – For evaluation for a transcatheter heart valve procedure

Date: _____

Number of pages (including cover): _____

PATIENT INFORMATION:

Name: _____

Address: _____

DOB: _____

City: _____ Postal Code: _____

PHN: _____

Primary number: _____

Family doctor: _____

Secondary number: _____

Current pt status: Elective Inpt:

Email: _____

Referring provider: _____

Referring fax #: _____

Referring phone #: _____

VALVULAR HEART DISEASE TYPE: (Please check)

<input type="checkbox"/> Referral for transcatheter aortic valve implantation (TAVI)	<input type="checkbox"/> Severe aortic stenosis	<input type="checkbox"/> Severe 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"/> Severe mitral stenosis	<input type="checkbox"/> Severe 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"/> Severe tricuspid stenosis	<input type="checkbox"/> Severe tricuspid regurgitation
	<input type="checkbox"/> Previous tricuspid valve replacement (valve-in-valve referral)	
<input type="checkbox"/> Referral for paravalvular leak procedure	<input type="checkbox"/> Referral for balloon valvuloplasty procedure	

Comments: _____

REFERRAL DOCUMENTS: (Please check if included)

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 – Surgeon's name:
Images can be uploaded on the inter-hospital transfer grid or sent to the THV Clinic as a CD/DVD	<input type="checkbox"/> Other consultation reports (e.g., geriatric, oncology and/or respiratory medicine, pulmonary function test)

Vancouver Transcatheter Heart Valve referral program

- 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 provider.
- 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.