

**Vancouver Transcatheter Heart Valve Program**

**St. Paul's Hospital**

**Room 5258 – 5CD**

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Email: [transcatheterheartvalve@providencehealth.bc.ca](mailto:transcatheterheartvalve@providencehealth.bc.ca)

**Patient Information:**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ M F  
 PHN: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone Number(s): \_\_\_\_\_  
 Alternate Contact(s): \_\_\_\_\_

**REFERRAL FORM – Evaluation for transcatheter heart valve procedure**

Date: \_\_\_\_\_ Number of pages (including this one): \_\_\_\_\_  
 Referring physician: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Family physician: \_\_\_\_\_ Contact #: \_\_\_\_\_  
 Fax: \_\_\_\_\_ (Referral will be acknowledged by fax back once documents are reviewed)

Current patient status:  Elective  In-patient – Hospital: \_\_\_\_\_ Unit: \_\_\_\_\_

VALVULAR HEART DISEASE TYPE:		
<input type="checkbox"/> Referral for transcatheter aortic valve implantation (TAVI)	<input type="checkbox"/> Aortic stenosis	<input type="checkbox"/> Aortic insufficiency
	<input type="checkbox"/> Previous aortic valve replacement (valve-in-valve referral)	
<input type="checkbox"/> Referral for transcatheter mitral valve procedure	<input type="checkbox"/> Mitral stenosis	<input type="checkbox"/> Mitral insufficiency
	<input type="checkbox"/> Previous mitral valve replacement (valve-in-valve referral)	
<input type="checkbox"/> Referral for other valve procedure	<input type="checkbox"/> Pulmonary valve disease	
	<input type="checkbox"/> Tricuspid valve disease	

Comments:

**REFERRAL DOCUMENTS:** (Please check if included;

REQUIRED	IF AVAILABLE
<input type="checkbox"/> Recent medical history and/or consult	<input type="checkbox"/> Cardiac and/or pelvic CT (images)
<input type="checkbox"/> Cardiac echo report (report and images)	<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:
<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:

**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 (*MitraClip*), 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 physician.
- 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 physician(s) are informed of the recommendation for treatment by the THV Program Coordinator and/or physician.

