Alberta Health Services

Structural Heart Program Referral

Send completed form by Fax **403.984.0869**

For Urgent Inpatient referrals page the TAVI Coordinator
"403.212.8223 ext. 02780 Monday-Friday 0800-1600"

Patient Information		
Name *(last first)*		
DOB *(yyyy-Mon-dd)*	☐ M ☐ F	
PHN		
Address		
City		Postal Code
Phone Number(s)		
Alternate Contact(s)		

Date *(yyyy-Mon-dd)*

Referring physician	Fax	Contact #
Family physician	Fax	Contact #

(Referral will be acknowledged by fax back once documents are reviewed)

Requesting: ☐ Opinion   ☐ Procedural Referral

Current Patient Status: ☐ Elective ☐ In-patient – Hospital _____ Unit _____

Structural Heart Disease Type

Aortic Valve

☐ Aortic stenosis   ☐ Aortic insufficiency   ☐ Previous aortic valve replacement *(valve-in-valve referral)*

Procedural Consideration

☐ Transcatheter aortic valve implantation (TAVI)
☐ Paravalvular Leak (PVL) Repair
☐ Valvuloplasty

Valve Area: _____
Gradient:_____
LV Function:_____
HF Class:_____

Mitral Valve

☐ Mitral stenosis   ☐ Mitral insufficiency   ☐ Previous mitral valve replacement *(valve-in-valve referral)*

Procedural Consideration

☐ Mitral Clip
☐ Mitral Commissurotomy
☐ Paravalvular Leak (PVL) Repair
☐ Valvuloplasty

Other Valve

☐ Referral for other valve procedure   ☐ Pulmonary valve disease   ☐ Tricuspid valve disease

Congenital Disease

☐ Atrial Septal Defect (ASD)   ☐ Ventricular Septal Defect (VSD)   ☐ Patent Foramen Ovale (PFO)

Comments:

Referral Documents *(Please check if included)*

Required	**If Available**
☐ Recent medical history and/or consult	☐ Cardiac and/or pelvic CT (images)
☐ Cardiac echo report (report and images)	☐ Cardiac catheterization (report and images)
☐ Recent blood work report: eGFR and Hgb	☐ Surgical consultation – *Surgeon's name:* _____
☐ Referring physician considers the patient at higher risk or not a candidate for conventional AVR.	☐ Other consultation reports *(e.g., geriatric, oncology and/or respiratory medicine, pulmonary function test)*