



Royal Jubilee Hospital Transcatheter Valve Program
 1952 Bay Street
 Victoria BC, V6Z 1Y6
 Fax: 250-519-1950

Name: _____
 DOB: _____ M F
 PHN: _____
 Address: _____
 City: _____ Postal code: _____
 Telephone number(s): _____
 Alternate contact: _____

REFERRAL FORM – Transcatheter aortic valve implantation (TAVI)

Date: _____ Number of pages (including this one): _____

Please ensure the referral is complete to help facilitate the triage decision

- Elective referral In-patient – Hospital: _____ Unit: _____
 Agreement for repatriation to referring hospital as required

Please fax if available:

- Recent history or consult
 Recent bloodwork results (alb, hgb, eGFR)
 Diagnostic results: Cardiac echo, CT scan, cardiac catheterization, PFTs, 12 –Lead ECG
 Additional consultation reports (e.g. geriatrics, psychiatry, social work)

Referring physician: _____ Contact #: _____
 Family physician: _____ Contact #: _____

Comments:

Summary of cardiac status:

Primary presentation of AS: <input type="checkbox"/> Angina <input type="checkbox"/> Heart failure <input type="checkbox"/> Syncope/pre-syncope	NYHA functional class: <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV LVEF: _____% CCS Angina class <input type="checkbox"/> 0 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	<input type="checkbox"/> Prior CABG <input type="checkbox"/> Prior Valve surgery: <input type="checkbox"/> AVR <input type="checkbox"/> MVR <input type="checkbox"/> Other pertinent cardiac information:
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Summary of comorbid status:

<input type="checkbox"/> Cerebrovascular disease (CVA, TIA, previous carotid surgery, carotid lesion >79%) <input type="checkbox"/> Cognitive impairment <input type="checkbox"/> Current smoker <input type="checkbox"/> COPD/asthma	<input type="checkbox"/> Hgb _____, Plts _____, eGFR _____ <input type="checkbox"/> Dialysis <input type="checkbox"/> Oral anticoagulant (specify) _____ <input type="checkbox"/> Mobility impairment <input type="checkbox"/> Other:
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Physician signature: _____

Fax #: _____

Island Health Royal Jubilee Hospital THV referral process:

- Referrals are accepted for eligibility assessment for transcatheter aortic valve implantation (transfemoral and valve-in-valve).
- All referrals are processed through the TAVI program.
- 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 cardiac surgeon and consideration of patient's likelihood to derive benefit from the procedure.
- The patient/family and referring physician(s) are informed of the recommendation for treatment by the TAVI Program Coordinator and/or physician. Triage options include: (1) Referral for surgical AVR, (2) Eligibility for **TAVI** or (3) Ineligibility for TAVI (either 'at present' or 'permanently').
- The patient/family and referring physician(s) are informed of the team's decision by the TAVI coordinator and/or physician.