



911 Queen's Blvd  
 Kitchener, ONT N2M 1B2

Health Record # \_\_\_\_\_ Insert patient label  
 OHIP #: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_  Female  Male  
 Account: \_\_\_\_\_ Date of Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Transcatheter Aortic Valve Implantation (TAVI) Referral** Please fax to 519-749-6414  
 TAVI Triage Nurse/Coordinator 519-749-6578 x1992

TAVI is intended for patients with symptomatic **severe** aortic stenosis that are considered to be at **high operative risk** for surgery, **or inoperable**.

Patient Name: PRINT (first, last)

Patient Address:

Patient Preferred Phone Number: \_\_\_\_\_ Patient Alternate Phone Number: \_\_\_\_\_

Primary Care Physician Name: (if different from referring physician)

Primary Physician Contact Number:

This patient has: LVEF: \_\_\_\_\_% NYHA functional class: \_\_\_\_\_ CCS Angina Class: \_\_\_\_\_  
 1  2  3  4  0  1  2  3  4

**Factors contributing to high operative risk for this patient:**

Age greater than 80  Severely calcified aorta  
 Frailty  Cerebrovascular disease (CVA with significant deficits)  
 Previous cardiac surgery  Mediastinal irradiation  
 Cognitive impairment  
 Other significant co-morbidities \_\_\_\_\_

I have discussed with the patient:

- The need for further tests and clinic visits. (ie: TEE, CT scan and possible repeat catheterization/aortogram)
- May be referred for surgical AVR after assessment by TAVI team

Yes  No

**PLEASE INCLUDE THE FOLLOWING REPORTS:**

- Recent consult note
- Medication list
- Recent blood work
- Echocardiogram report
- Cardiac catheterization
- CT scans, PFT's (if done)

**BY SIGNING THIS FORM, I confirm that this patient is aware of this referral.**

Referring Physician Name: (PRINT) \_\_\_\_\_ Billing#: \_\_\_\_\_

Referring Physician Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**CLINIC USE ONLY**

Date referral received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ APPOINTMENT: DATE: \_\_\_\_\_ Time: \_\_\_\_\_