

Structural Heart: PFO/ASD Referral Form

Please fax to 519-749-6414

Structural Heart Coordinator 519-749-6578 x1992

To request a Consultation for Minimally Invasive PFO or ASD closure at WRHN @ Queen's Blvd, please fax this form, along with the information noted below, to 519-749-6414

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:

Indications: PFO or ASD plus (check all that apply):

- ☐ Cryptogenic stroke/Paradoxical embolism
- ☐ Unexplained hypoxia felt due to shunting
- ☐ Decompression illness
- ☐ Symptoms felt attributable to significant left to right shunt, absence of severe pulmonary hypertension
- ☐ Right sided chamber enlargement
- ☐ Large shunt by invasive/non invasive imaging
- ☐ Other: _____

PLEASE INCLUDE THE FOLLOWING REPORTS:

- Recent consult note
- Medication list
- Copies of neuro imaging (CT/MRI)
- Echocardiogram/Bubble study report
- Recent blood work

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:

Questions regarding this referral can be directed to:

Rebecca Gies RN
Regional Cardiac Care Coordinator
Heart Program

Phone: 519-749-6578 x1992
Fax: 519-749-6414 Structural
Email: rebecca.gies@wrhn.ca