



**WRHN**

@ Queen's Blvd.

Waterloo Regional  
Health Network

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**

To request a TAVI consultation at WRHN, 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:

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

**Significant co-morbidities to consider for this patient: (if applicable)**

- Chronic Renal Failure
- Frailty
- Previous cardiac surgery
- Cognitive impairment
- Other significant co-morbidities \_\_\_\_\_
- Severely calcified aorta
- Cerebrovascular disease (CVA with significant deficits)
- Chronic Liver Disease

I have discussed with the patient:

- The need for further tests and clinic visits. (ie: TTE, CT scan and cardiac catheterization)
- 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:

**Questions regarding this referral can be directed to:**

**Rebecca Gies RN, BScN**      **Phone: 519-749-6578 x1992**  
**Regional Cardiac Care Coordinator**      **Fax: 519-749-6414**  
**TAVI Program**      **Email: rebecca.gies@wrhn.ca**