



SURGICAL MITRAL AND TRICUSPID VALVE CLINIC

Vancouver, Canada

St. Paul's Hospital, Rm 439, Burrard Bldg.
1081 Burrard St, Vancouver, BC, V6Z 1Y6

Ph: 604-806-9180, Fx: 604-806-8375,
Email: mitralclinic@vch.ca

Refer MD: _____ Date: <u>mmm/ dd /yyyy</u>	Patient Name: _____ <input type="checkbox"/> M <input type="checkbox"/> F
Tel: _____ Fax: _____	DOB: <u>mmm / dd /yyyy</u> PHN: _____
Family MD: _____	Tel: _____ Cell: _____
Referral Status: <input type="checkbox"/> Elective <input type="checkbox"/> Urgent	Address: _____
<input type="checkbox"/> Inpt. → Hospital: _____ Tel: _____	

Reason for Referral: Mitral regurgitation Mitral stenosis Tricuspid regurgitation
 Failed mitral or tricuspid prosthetic valve Infective endocarditis Other _____

Additional comments: _____

Referral: The Clinic Specific Surgeon _____ **Previously referred:** Yes No.

Required Documents:

Medical history
 Echo Report within 1-2 years (TTE and/or TEE)

Documents if available:

Coronary angiography (Cardiac catheterization and/or CTA)
 CT-chest or cardiac
 PFT
 Recent Lab (particularly Hgb, Plt, and Cr./eGFR)
 Other consultations or investigations

Information for Referring Physician

For any concerns or questions, please feel free to contact the Clinic.
All patients with mitral or tricuspid valve disease referred to the Clinic will be reviewed by the Clinic Team.
Both conventional and MIS valve surgery is available.
Valve repair will be performed only by one of valve repair surgeons (valve repair expertise).
Surgery will be performed at either St. Paul's Hospital or Vancouver General Hospital.

To Be Completed by the Valve Clinic MOA

Date of Received Referral: <u>mmm / dd / yyyy</u>	Screening Surgeon: _____
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