TAVI Referral Form

For Heart Team Consideration at Norwest Private Hospital

PATIENT'S DETAILS

Name: _____

DOB: _____

Address: _____

City: _____

Phone No: _____

Alternate Ph: _____

Next of Kin: _____

NOK Phone No: _____

Referring Physician: _____ Contact No: _____

GP: _____ Contact No: _____

High Risk Aortic Stenosis Service

Norwest Private Hospital

Ph: 02 9633 2244
fax: 02 8814 6950

Please ensure referral is complete in order to facilitate timely heart team review.

Referral Date: _____

☐ In-Patient Referral Hospital Unit: _____ Contact No: _____

☐ Elective Referral

PLEASE ATTACH THE FOLLOWING:

- ☐ Referral letter and any other correspondence
- ☐ Medication List
- ☐ Echocardiography (Report and Images/CD)
- ☐ Detailed patient history

COMMENTS: _____

_____

_____

- All referrals are processed through the HRASS Multi-Disciplinary Heart Team Program.

  Cases are reviewed regularly by an interdisciplinary Heart Team to assess eligibility for TAVI. The Heart Team includes: Cardiothoracic Surgeon, Interventional Cardiologist, ECHO Cardiologist, Anaesthetist, TAVI Co-ordinator & other specialties as required.
- For further enquiries contact the Norwest TAVI Co-ordinator on Co-ordinator on (02) 8882 8802 or email norwest.heartteam@healthscope.com.au

DR PETER FAHMY
Interventional & Structural Cardiologist
Bella Vista - Westmead - Katoomba