**Baptist Memorial Hospital-Memphis**

**Structural Heart Referral Form**

**Patient Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: | Last name: | Phone: | DOB: | MRN: |

Patient Address:

|  |  |
| --- | --- |
| Insurance: | Alternate phone: |

**Referring Information**

|  |  |  |
| --- | --- | --- |
| Referring provider: | Office phone: | Fax/email: |
| Office contact (MA/RN/NP): | Office phone: | Fax/email: |

**Reason for Referral**

|  |  |  |
| --- | --- | --- |
| * Transcatheter Aortic Valve replacement (TAVR) | * Aortic Stenosis * Aortic Regurgitation | Comment: |
| * Transcatheter Mitral Valve Repair (MitraClip/Pascal/replacement) | * Mitral Regurgitation * Mitral Stenosis | Comment: |
| * Transcatheter Tricuspid Valve Repair (TriClip or replacement) | * Tricuspid Regurgitation | Comment: |

**Please include the following reports and imaging completed within 1 year of referral (if available):**

* Most recent consult note
* Echocardiogram (TTE/TEE)
* Cardiac catheterization
* CT scan
* Recent labs
* Medication List
* EKG
* Pulmonary function test
* Carotid ultrasound

|  |  |
| --- | --- |
| **Date Referral Received:** | **Appointment:**  **Date:**\_\_\_\_\_\_\_\_\_\_\_ **Time:**\_\_\_\_\_\_\_\_\_\_\_\_ |

**Valve Team Fax Number: (901)-226-4309 Email:** [**BHVI-StructuralHeart@bmhcc.org**](mailto:BHVI-StructuralHeart@bmhcc.org)

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