THE University of Vermont MEDICAL CENTER

MRN

Name

DOB

CARDIOLOGY STRUCTURAL HEART INTAKE FORM

Patient's Phone Number:

Home: _____

Cell: _____

Work: _____

Emergency contact or Best Contact:

Name: _____

Contact Info: _____

Relationship: _____

Reason for Referral: TAVR- Aortic Stenosis Mitraclip- Mitral Valve Regurgitation Mitral Stenosis

Consult timing: Urgent/ Elective

Attached with referral:

- Most recent Echocardiogram report and please have Echo images sent/pushed to UVMMC
- Recent lab work within 3 months looking for CBC, BMP, BNP
- Last office note or if recent admission/Discharge with include notes if available.

Comments:

Circle Referring to Physician: **Dr. Harold Dauerman** **Dr.Tanush Gupta** **Dr. Rony Lahoud**

Structural Heart Care Coordinators:

Faye Straight , RN
Phone: 802-847-3519
Fax: 802-847-3535

Robert Hamble, RN
Phone: 802-847-4683
Fax: 802-847-3535

Ordering/ Referring Provider Signature

Date/Time

Print Name

Phone Number