

Structural Heart Disease Program Referral Form



Patient Information:

Patient Name: _____ DOB: _____
 Address: _____ Gender: _____

 Primary Phone Number: _____ Alternate Contact: _____
 Alt Phone Number: _____ Relationship to Patient: _____
 Phone Number: _____

Referring Information:

Referring Provider: _____ Refer to: _____
 Primary Care Provider: _____ No preference

Requesting referral for:

<input type="checkbox"/> Alcohol Septal Ablation	<input type="checkbox"/> Patent Foramen Ovale (PFO) Closure
<input type="checkbox"/> Atrial Septal Defect (ASD) Closure	<input type="checkbox"/> Transcatheter Aortic Valve Replacement (TAVR)
<input type="checkbox"/> Aortic Balloon Valvuloplasty	<input type="checkbox"/> Valve in Valve
<input type="checkbox"/> MitraClip™	<input type="checkbox"/> Ventricular Septal Defect (VSD) Closure
<input type="checkbox"/> Mitral Valvuloplasty	<input type="checkbox"/> Watchman™
<input type="checkbox"/> Paravalvular Leak Closure	<input type="checkbox"/> Other _____

Please send the following information if available. **Fax documents to 225-964-5512, Attn: Trudy.**

- Completed referral form
- Insurance card (copy front & back) & demographics sheet
- Authorization approval if obtained
- Lab results (done within 30 days or less)
- H&P and 2 most recent office notes
- Cardiac catheterization/PCI report & images on CD
- Echo/TEE report & images on CD
- CT Chest/Abdomen/Pelvis report & images on CD
- Carotid Duplex Report
- PFT report
- EKGs
- 6 minute walk report

Please FedEx all images on CD to:

Structural Heart Program, Attn: Trudy
7777 Hennessy Blvd, Plaza 2, Suite 8001
Baton Rouge, LA 70808
FAX #: 225-964-5512

Method of Shipping: _____
Tracking Number: _____
Date sent: _____

STRUCTURAL HEART DISEASE TEAM		
<u>Interventional Cardiology</u>	<u>Cardiothoracic Surgery</u>	<u>Clinic Coordinator</u>
Jorge Castellanos, MD, FACC, FSCAI	William M. Boedefeld II, MD	Trudy Worthington, MSN,RN
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Steven E. Kelley, MD	Terry Stelly, MD	Baton Rouge, LA 70808
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****A response may be expected 2-3 business days after we receive the referral and required documentation****