

Heart Transplant/LVAD Referral Form

Richard DeVos Heart & Lung Transplant Program
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Grand Rapids, MI 49503
Phone: 616.391.2802
Fax: 616.391.8970

Specific Diagnosis: _____

Advanced Therapies/LVAD Heart Transplant

Patient Legal Name: _____ DOB: _____ / _____ / _____
Last / First

Language Barrier: No Yes If Yes, Primary Language: _____

Referring Physician: _____ Cell: _____

Contact Person: _____ Phone: _____

Primary Physician: _____

Information needed:

- Facesheet, copy of front and back of all insurance and prescription cards
- Office Notes/H&P - Most Recent
- List of current medications
- Lab results - Most Recent
- EKG Report - Most Recent
- Echocardiogram Reports - Most Recent
- Right & Left Cardiac Catheterization Results (written report) - Most Recent

If you have any questions or concerns contact Josue at 616.391.0813

Referral Guidelines

When a patient has developed one or more NYHA stage D criteria

Persistent significant symptoms

Unable to walk on a level surface without stopping

Recurrent emergency department or unscheduled clinic visits for heart failure
(>2 in the past year)

Unable to tolerate or need to be removed from HF therapy
(ACEI, ARB, beta blocker)

Renal insufficiency or hyponatremia

Need for intermittent or continuous inotropes

Recurrent hospitalization for heart failure
(>2 in past year)

Abnormal hemodynamics
(low cardiac output, elevated pulmonary pressures or persistent volume overload)

Need for high diuretic doses
(80 mg or greater of furosemide or equivalent)

Unexplained weight loss
(cardiac cachexia)