

TAVR EVALUATION PATIENT CHECKLIST

Please complete BOTH SIDES of this form and send it to your Cleveland Clinic doctor before your transcatheter aortic valve replacement (TAVR) evaluation.

Information About You

Name: _____ Date of Birth: _____

Address: _____

Phone : (home) _____ (cell) _____ (work) _____

Email: _____

- **Insurance Information** (include copy of front and back of card)
- **Medical history and physical report** (within the last 12 months), including information about the condition related to your referral

Test results and imaging:

___ Most recent cardiac catheterization report and film on CD in DICOM format

___ Most recent echocardiogram and/or TEE and film(s) in DICOM format

___ Most recent EKG

___ Most recent carotid ultrasound (if completed)

___ Most recent CT/CTA of chest, abdomen/pelvis and film(s) (if completed)

___ Most recent pulmonary function tests (if available)

___ Most recent lab results, including a basic metabolic panel, CBC and platelets

- **If you have had open heart surgery**, please include a copy of the operative note
- **If you have a pacemaker or defibrillator**, please include a copy of your device card (front and back)

Local Cardiologist

Name: _____ Practice (if not private office): _____

Phone: _____ Fax: _____

Address: _____

Primary Healthcare Provider

Name: _____ Practice (if not private office): _____

Phone: _____ Fax: _____

Address: _____

WHERE TO SEND YOUR INFORMATION

MAIL TO (Please use overnight delivery for all CDs):

FAX: _____

Phone: _____

Please call the office if you have questions or concerns.

This information is not intended to replace the medical advice of your healthcare provider. Please consult your healthcare provider for advice about a specific medical condition or treatment.



Cleveland Clinic

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