

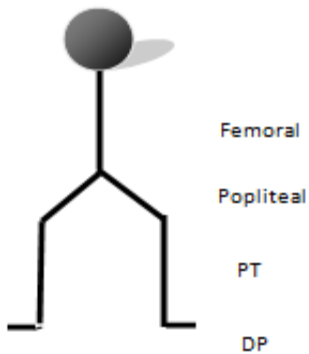
Urgent Vascular Peripheral Arterial Disease (UVPAD) Clinic Referral Form

Inclusion Criteria - Patient must have an ABNORMAL arterial or venous physical exam PLUS one of the following:

- poorly healing lower limb wound(s) or gangrene ischemic rest pain

Referral Date _____	Is this is a Re-Referral? Y/N _____
Patient Name _____	Referring Physician/NP _____
DOB yyyy/mm/dd _____	MSP Number _____
PHN _____	Telephone _____
Patient Telephone _____	Fax _____
Patient Address _____	Primary Health Care Provider _____

Pulses



- Right Left Bilateral Arterial ulcer/gangrene venous ulcer ischemic rest pain
- Wound/ischemic rest pain location(s) – please circle on diagram
- Urgency of Referral < 2 weeks (arterial wound, gangrene, limb threatening ischemia)
 > 2 weeks (venous ulcer)

Please note referrals are triaged according to urgency. Referral volumes may affect wait times

- Indicate the arterial pulses for each location 0-4 as listed below:
 0 = absent 1+ = weak 2+ = normal 3+ = increase normal 4+ = bounding
 Femoral R _____ L _____
 Popliteal R _____ L _____
 Posterior Tibial R _____ L _____
 Dorsalis Pedis R _____ L _____

5. On Anticoagulation? Y/N Medication type/dose _____

Required Diagnostic Testing – Tick off to Confirm Referring Provider has Ordered (outstanding diagnostics may delay appointment)

Venous Patients:

- Venous Reflux study of deep, superficial and perforator veins (includes non-urgent DVT study)
 Bilateral Resting Arterial Doppler (Ankle Brachial Index)

Arterial Patients:

- CTA with run-off (have this completed at your local hospital prior to UVPAD visit if referral is for limb threatening ischemia)

Information Required for Processing

Creatinine & eGFR (include date) _____ Active with Community Health Services? Y/N Height/Weight _____
 Residing in Care Facility? Y/N _____ Independent to Transfer? Y/N _____ ARO Alert? Y/N _____
 Wound Care Done By: CHS Patient/Family other _____ Cognition/Communication Challenges? Y/N _____
 Pertinent Medical History _____
 Medications _____
 Allergies _____