Salisbury NHS
NHS Foundation Trust

VASCULAR UNIT (Ext 4010 or 4210 Fax 01722 337912)

email: shc-tr.salisbury-rapidreferralcentre@nhs.net

INVESTIGATION REQUEST

Patient Details
(Place label here)

Please complete for all requests			
Request from Clinic/Ward			
Appointment required		Urgent	Routine
Oxygen required?		Yes	No
MRSA status	Positive	Negative	Not Known

Requested by:
Designated Professional
(Name & title) _____

Contact no/bleep _____

Referral from:
Consultant name _____

Request Date: _____

Internal Referral to:
Tick as appropriate

Vascular Technologist
(i.e Duplex Testing)

Leg Ulcer Nurse
(Refer to Leg Ulcer Pathway)

Vascular Nurse

State required Test →

NB:- **For Leg Assessments a recent ABPI will help prioritise your request**	**Right ABPI**	**Left ABPI**

Patient mobility status *Please circle as appropriate*	**Walking**	**Stretcher/bed**	**Wheelchair**	**Hoisting required? YES/ NO**

Reasons for Referral/Clinical details *(continue overleaf if necessary)*

Signature ……

For office use only (book appointment in the following clinic):-

Duplex One Stop Clinic | CJR | ASKG | ANY

Vascular Nurse Claudicant Clinic | Surveillance Clinic | DVT clinic

Duplex Clinic	*(30 mins)*	*(60 mins)*	Aorta	Duplex Leg Ulcer	Duplex TIA

Time Required

Comments:-