VASCULAR UNIT (Ext 4010 or 4210)

send via eRS

**GP Duplex Ultrasound Request**

|  |  |  |
| --- | --- | --- |
|  **Patient Details:** |  | Please complete for all requests |
| **Name** |       | Request from Clinic/Ward |       |
| **D.O.B** |       |
| **Address** |       | Appointment required  | Urgent[ ]  | Routine[ ]  |
| **NHS No.** |       |
| **Home Tel.** |       | Oxygen required?  | Yes[ ]  | No[ ]  |
| **Mobile Tel.** |       |
| **Work Tel:** |       | MRSA status | Positive[ ]  | Negative[ ]  | Not Known[ ]  |
| **Email** |       |

|  |
| --- |
| **Referrer Details:** |
| Name |       | Date of Referral |       |
| Base |       | Practice Code/ID |       |
| Address |       | Telephone |       |

**Communication and Accessibility needs:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interpreter required?: | Yes | [ ]  | No | [ ]  | Wheelchair access required?  | Yes | [ ]  | No | [ ]  |
| Language:  |       | Learning Disability:  |       |
| Hearing: |       | Other disability needing consideration:  |       |
| Vision: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Military Service Person | [ ]  | Military Veteran | [ ]  | Member of Military Family |

|  |
| --- |
| **Reasons for Referral/Clinical details** *(continue overleaf if necessary)* |
| ***PLEASE DO NOT USE THIS FORM FOR DVT REQUESTS, USE THE FORM ON THE DVT PATHWAY*** |
| [ ]  *?AAA* | [ ]  *Family History of AAA* |
| [ ]  *AAA Surveillance (AAA found on other imaging)* | [ ]  *Carotid Aneurysm* |
| [ ]  *Other* | [ ]  *Aorta* |
| [ ]  *Duplex* |  |
|       |
| Signature:       |

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

[ ] *Aorta* [ ]  *Duplex*

**Patient summary:**

|  |
| --- |
| **Medical Problems:**      |
| **Medication:** Acutes |  |
| Repeats |  |
| **Allergies:**       |

**Minimum Dataset:** (recordings in last 6months)

|  |  |  |  |
| --- | --- | --- | --- |
| **Blood Pressure:** |       | **Smoking Status:**  |       |
| **Heart rate:** |       | **Alcohol Intake:** |       |
| **Height:**  |       | **Exercise tolerance:**  |       |
| **Weight:**  |       |  |  |
| **BMI:** |       |  |  |