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:** |  |  |  |