***Dorset & Wiltshire Vascular Network***

**Request to see Network Consultant Vascular Surgeon for review.**

**For Vascular emergencies, please refer to the Vascular Emergency pathway on ICID, Vascular Cover at Weekends and evenings is at RBH.**

**When completed please email to** **sft.vascular\_referrals@nhs.net**

**Vascular Nurse Co-ordinator cover is 09:00 – 16:00 Monday to Friday**

**01722 336262 ext 4937 or Bleep 1112.**

Date………………. Time………………

*Affix sticky label*

Surname:

First name:

Hospital number: Date of Birth:

Referrer name:……………………….. Contact:…………………………..

Ward:……………………………………..

**Reason for Referral – what question do you want us to answer?**

 Clinical examination:

□ Arterial □Venous □Leg ulcer □Other(………………………………….)



**Comorbidities:**

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Heart disease  Aneurysmal Disease COPD PVD

Diabetes  Carotid artery disease  Renal Impairment 

Malignant disease Blood disorder/ previous DVT Chronic Venous disease

Other:

Has this pt been discussed with Network Surgeon ? Yes /No .

Management plan

Date of discussion

Name of Consultant Vascular Surgeon

**Mandatory: Signature of referrer:**