**Referral Form for Patients with Intermittent Claudication**

**Patient Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital no. |  | NHS no. |  |
| Surname |  | Forenames |  |
| Previous surname |  | Title |  | Gender |  |
| Date of birth |  |  |  |
| AddressPost Code |  | Home tel. no. |  |
| Work tel. no. |  |
| Mobile no. |  |

**Referral Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Referring clinician |  | Preferred clinician (if applicable) |  |
| GP Practice/ Department |  | New referral?  | [ ]  | Re-referral? | [ ]  |
| Date of referral |  | Date last seen |  |
| Date of consultation |  | Dates not available |  |

**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 |

**Symptoms in relation to PVD**

|  |  |  |
| --- | --- | --- |
|  | **Right Leg** | **Left Leg** |
| Intermittent claudication? | [ ]   | [ ]  |
| Rest pain? | [ ]  | [ ]  |
| Please refer to leg ulcer nurse specialist if ulcer present |

**Other Medical History:**

|  |
| --- |
| **If appropriate your patient will undergo a treadmill test. Please complete the following to ensure your patient is fit to undergo this test. A “yes” response will automatically exclude your patient from a treadmill test.**  |
| Recent MI (last 3m)  | [ ]  Yes [ ]  No  |
| Aortic Stenosis | [ ]  Yes [ ]  No  |
| Arrhythmia | [ ]  Yes [ ]  No  |
| Awaiting angina Ix | [ ]  Yes [ ]  No |
| Fit for treadmill test | [ ]  Yes [ ]  No |

**Risk Factors:**

|  |  |
| --- | --- |
| Smoking | [ ]  Yes [ ]  No  |
| Hypertension | [ ]  Yes [ ]  No  |
| Diabetes | [ ]  Yes [ ]  No  |

**A recent ABPI will help prioritise your request. Result: Right: Left:**

|  |
| --- |
| **Medication:****Signed:**  |
| **Please make appointments via ESR.****In case of critical Ischaemia please use the Dorset and Wiltshire Vascular Network Emergency Pathways.****For advice during office hours you can contact the SFT vascular nurse co-ordinator on telephone 01722 336262 x 4937 or bleep 1112** |

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| Additional instructions/comments:      |