***Dorset & Wiltshire Vascular Network***

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

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

**When completed please email to** [**sft.vascular\_referrals@nhs.net**](mailto: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:

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

**Communication and Accessibility needs:**

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

**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  Diabetes  Carotid artery disease  Renal Impairment  Malignant disease  Blood disorder/ previous DVT  Chronic Venous disease  PVD  Other: |

**Allergies:**

|  |
| --- |
|  |

**Medication:**

|  |  |
| --- | --- |
|  |  |
|  |  |

**Medical Problems:**

|  |
| --- |
|  |

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| **Mandatory:**  **Signature of referrer:** |

|  |
| --- |
| Has this pt been discussed with Network Surgeon ?  Yes  No  Management plan  Date of discussion  Name of Consultant Vascular Surgeon |