**Referral Form for Patients with P.A.D (Peripheral arterial disease)**

**Patient Details:**

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

**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 |  |
| First Language spoken: |  | | | | Learning Disability: |  | | | |
| Mobility requirements? |  | | | |
| Hearing: |  | | | |
| Vision: |  | | | | Hoist? | Yes |  | **No** |  |

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

**Symptoms related to PAD:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Side of symptoms | Left | | Right | Bilateral | | Location of pain e.g., calf or buttock etc. | |
|  | |  |  | |
| Distance at onset in intermittent claudication symptoms  **[*If patient can walk further than 500M, then please NICE guidelines for Best medical practice & No referral required*]** | | | | | |  | |
| Pain in foot at night | Yes |  | | | **No** | |  |
| Constant pain in foot at rest? | Yes |  | | | **No** | |  |
| Ulcer / Necrosis of foot? | Yes |  | | | **No** | |  |

**If reduced APBIs, but asymptomatic, they do not need a specialist review, but can be managed as per NICE guidelines.**

**\* Normal ABPI’s are 0.8 – 1.3\*.**

**If appropriate, your patient will undergo a walking treadmill test. Please include the following information to ensure your patient is fit to undergo this test.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recent M.I. (In last 3 months) | Yes |  | No |  |
| Aortic Stenosis | Yes |  | No |  |
| Arrhythmia | Yes |  | No |  |
| Awaiting Angina tx | Yes |  | No |  |
| Walking Aid? | Yes |  | No |  |
| Fit for walking test? | Yes |  | No |  |

**Risk Factors:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Heart Failure | Hypercholesterolaemia | Known PAD | Smoking | | Diabetes | Spinal  stenosis | | Disc  problems |
|  |  |  |  | |  |  | |  |
| Clinical Examination: | | | | | | | | |
| ABPI – Recent ABPIs will help you prioritise your request. | | | | | | | | |
| Right leg | Left leg | Distal waveforms – if available | | | | | | |
|  |  |  | | | | | | |
| Are all Pedal pulses present? | | | Yes |  | | No |  | |

**Please provide:**

|  |  |
| --- | --- |
| **Results from within the last year** | |
| **FBC** |  |
| **U&Es** |  |
| **Lipid profile** |  |

**Additional medical information:**

|  |  |
| --- | --- |
| **Medical problems** |  |
| **Allergies** |  |

**Additional comments or instructions:**

**Appointments:** Please make through ESR

**In case of Acute limb threatening Ischaemia** - use Dorset & Wiltshire Vascular Emergency Pathway.

The **On-call Vascular Consultant** is contacted via the **Royal Bournemouth Hospital** switchboard on **01202 303 626.**

[Acute limb threatening ischaemia is, sudden onset of leg pain or sudden deterioration in claudication associated with a loss of pallor or pulses] – See NICE 2022