

VASCULAR LABORATORY REQUEST FORM

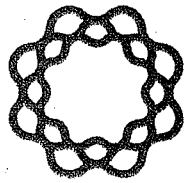
Please fill out or insert patient sticky label, and tick where necessary (Please note incomplete request forms may result in appointment delays)			
SURNAME:	[REDACTED]	Referring Consultant:	[Signature]
FORENAME:		Referring Doctor:	
Date of Birth:		Bleep Number:	
MRN:		Date of Referral:	
NHS Number:		Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/>	
Address:		Ward and Bed Number:	
		Method of Transport:	Bed <input type="checkbox"/> Chair <input type="checkbox"/>
		Oxygen Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Current Infections/Isolation Risks	

Examination(s) required (please circle/tick appropriately):

Venous Doppler Scans			Limb:
Venous Insufficiency	(30mins) Primary Varicose Veins	[<input checked="" type="checkbox"/>]	Left <input type="checkbox"/> Right [<input checked="" type="checkbox"/>] Both <input type="checkbox"/>
	(45mins) Recurrent Varicose Veins	[<input type="checkbox"/>]	
	(30mins) Deep Venous Insufficiency	[<input type="checkbox"/>]	
DVT	(30mins) Post-Phlebitic Syndrome	[<input type="checkbox"/>]	
	(30mins) Acute DVT Lower / Upper Limb	[<input type="checkbox"/>]	
Clinical Information: Varicose Veins <input type="checkbox"/> Ulceration <input type="checkbox"/> Acute Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Skin Changes <input type="checkbox"/> Previous DVT(s) <input type="checkbox"/> D-Dimer Score [] Previous EVLT (GSV/SSV) <input type="checkbox"/> Previous Stripping (GSV/SSV) <input type="checkbox"/>			
Additional info if possible:			

Arterial Doppler Scans			Limb:
(30mins) ABPI <input type="checkbox"/> (30mins) Exercise Test <input type="checkbox"/>			Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/>
(30mins) Carotid Duplex Scan (please provide symptoms of CVA or TIA in addition to risk factors below)		[<input type="checkbox"/>]	
Abdomen	(30mins) Aortic Duplex Scan	[<input type="checkbox"/>]	
	(45mins) Renal Arteries Duplex Scan	[<input type="checkbox"/>]	
Upper Limb Arterial	(30/60mins) Thoracic Outlet Syndrome	[<input type="checkbox"/>]	
	(30/60mins) Arterial Upper Limb Duplex Scan	[<input type="checkbox"/>]	
Lower Limb Arterial	(30/60mins) Arterial Lower Limb Duplex Scan Please provide info on Known Graft(s) and location(s):	[<input type="checkbox"/>]	
Clinical Information: Acute presentation <input type="checkbox"/> Pain <input type="checkbox"/> Pallor <input type="checkbox"/> Pulselessness <input type="checkbox"/> Paresthesia <input type="checkbox"/> Paralysis <input type="checkbox"/> Known PVD <input type="checkbox"/> Intermittent Claudication ____ Yards <input type="checkbox"/> Ulcer <input type="checkbox"/> Diabetic type 1 / type 2 <input type="checkbox"/> Smoker <input type="checkbox"/> IHD <input type="checkbox"/> HTN <input type="checkbox"/>			
Additional info if possible:			

Office use only:	Date Stamp:
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Vascular
Solutions

ONE STOP 20/11/2018

NHS

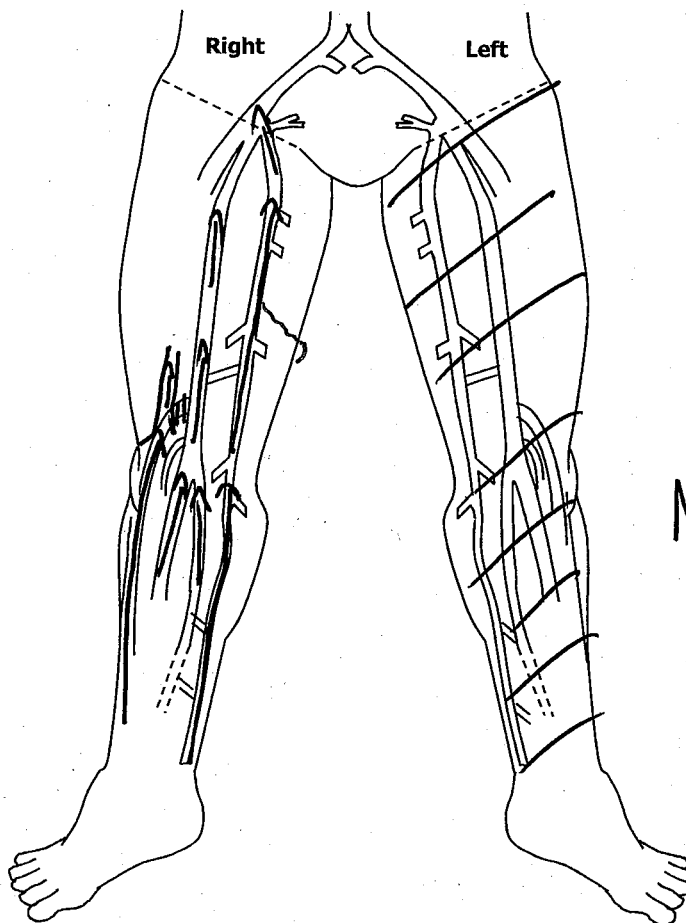
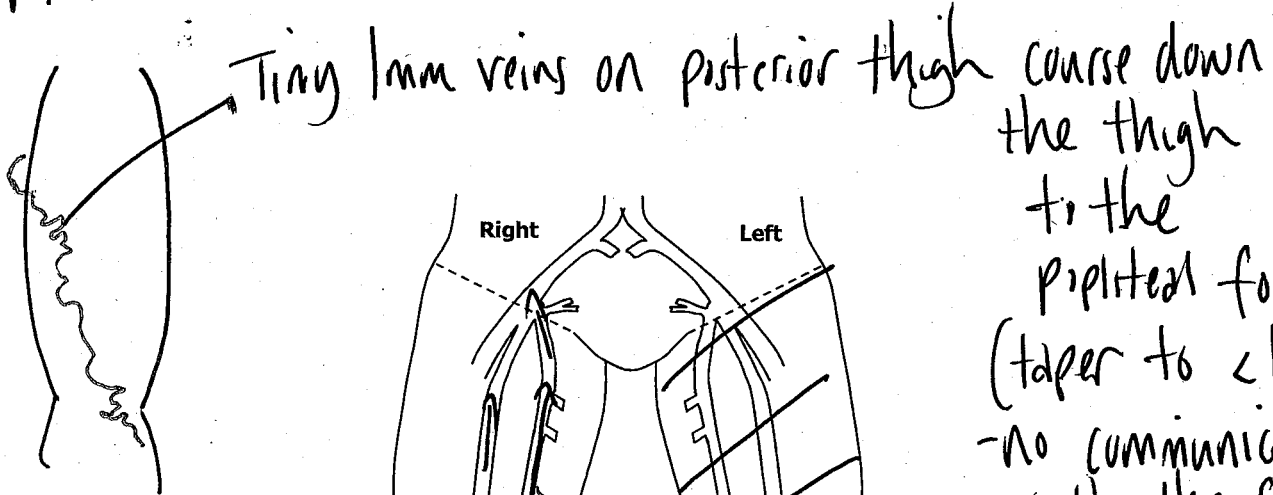
NHS Trust

Vascular Lab Report

Assessed By: Emily Blake CVS

Lower Limb Venous Insufficiency Duplex Scan

RT THIGH



Tiny 1mm veins on posterior thigh course down
the thigh
to the
popliteal fossa
(taper to <1mm)
- no communication
with the SVV.

No superficial or
deep vein reflux.