AlfredHealth

MRN

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL FOR VASCULAR INVESTIGATIONS

Patient details

*mandatory fields

Last name*		First name/s*	
Date of birth*		Sex at birth: ☐ Female ☐ Male ☐ Another term	
Gender identity	☐ Female ☐ Male ☐ Non binary ☐ Not stated ☐ Prefer not to answer ☐ Different term		
Address		Telephone	
Medicare No		Ref No	Expiry
☐ Bulk Bill ☐ Private ☐ TAC ☐ WorkCover ☐ DVA ☐ Pensioner ☐ Other			
Aboriginal status	☐ Not Aboriginal or Torres Strait Islander ☐ Torres Strait Islander not Aboriginal ☐ Aboriginal not Torres Strait Islander	☐ Aboriginal and Torres Strait Islander ☐ Prefer not to answer ☐ Not specified	
Interpreter	☐ Yes ☐ No	Language	
Cultural considerations / support needs			
Contact Person	Name		
	Relationship	Telephone	

Investigations required

Region	Vessels	Indication	Side
Neck Duplex Ultrasound	**Veins**	☐ Thrombosis (central)	
	Arteries	☐ Carotids / vertebrals	
Upper limb Duplex Ultrasound	**Veins**	☐ Thrombosis ☐ Mapping	☐ Left ☐ Right
	Arteries	☐ Native vessels ☐ Bypass grafts *(specify)*	☐ Left ☐ Right
	Fistulae	☐ Pre-op mapping ☐ Post-op surveillance *(specify)*	☐ Left ☐ Right
	Dynamic	☐ Thoracic outlet ☐ Palmar arch	☐ Left ☐ Right
Lower limb Duplex Ultrasound **fasting min 4hrs*	**Veins**	☐ Thrombosis ☐ Incompetence ☐ Mapping	☐ Left ☐ Right
	Arteries*	☐ Native vessels ☐ Bypass grafts *(specify)*	☐ Left ☐ Right
	Dynamic	☐ Popliteal entrapment ☐ Pseudoaneurysm +/- compression	☐ Left ☐ Right
Abdomen Duplex Ultrasound **fasting min 4hrs*	**Veins***	☐ Thrombosis (iliocaval) ☐ Incompetence (gonadal)	
	Arteries*	☐ Aortoiliac / EVAR *(specify)* ☐ Mesenteric ☐ Renal	
	Transplant*	☐ Pre-op mapping ☐ Post-op surveillance *(specify)*	
	Dynamic*	☐ Median arcuate	
Pressures & Indices	**Finger / brachial**	☐ At rest ☐ With compression	
	Toe / brachial	☐ At rest	
	Ankle / brachial	☐ At rest ☐ With exercise	

Clinical question/s

Referrer details

Referrer's Name		Provider Number			
Address				Date of referral	
Telephone		Fax		Email	
Copies to					

Return referral to: E vascularlab@alfred.org.au or F 03 9076 3484 Enquiries: T 03 9076 2444
Ian Ferguson Vascular Laboratory, Ground Floor, **The Alfred Centre**, 99 Commercial Road, MELBOURNE, 3004

EMR: Results_Vascular_ Note Type applicable to investigation requested

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