AlfredHealth

☐ Alfred ☐ Sandringham ☐ Caulfield

Unit:…………………………………

REFERRAL FOR VASCULAR INVESTIGATIONS
IAN FERGUSON VASCULAR LABORATORY

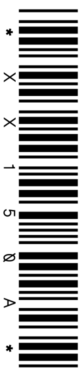
UR:

Family Name

Given Names

Date of Birth

Gender: ☐ Male ☐ Female



Patient Details			
Previous Alfred Health patient		☐ No ☐ Yes	If yes, UR
Family Name		Given Name	
DOB		Gender	☐ Male ☐ Female
Address			
Ph Mob		Ph Wk/Hm	
Interpreter required	☐ No ☐ Yes	Language	
Medicare No			

Test Required			
Pressures	☐ Resting ankle pressures		
	☐ Exercise ankle pressures		
	☐ Toe / Finger pressures		
Colour duplex scans	☐ Carotids		
	☐ Lower limb DVT	☐ Left	☐ Right
	☐ Varicose veins	☐ Left	☐ Right
	☐ Upper limb arterial	☐ Left	☐ Right
	☐ Upper limb DVT	☐ Left	☐ Right
Scan requiring a four hour fast Water permitted	☐ Lower limb arterial	☐ Left	☐ Right
	☐ Abdominal / Aortoiliac		
	☐ Renal Vessels		
Clinical Indications			

Referring Doctor Details			
Doctor Name			
Address			
Provider Number			
Phone		Fax	
Signature		Date	

Fax referral to: 9076 3484 Enquiries: 9076 2444

Ian Ferguson Vascular Laboratory
Level 6, The Alfred
55 Commercial Road
MELBOURNE VIC 3004

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Scanned to: Referrals

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