***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**

**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**

|  |
| --- |
| 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 [ ]  NoManagement plan      Date of discussion      Name of Consultant Vascular Surgeon       |