Sussex Vascular Imaging

PRIVATE VASCULAR INVESTIGATION REFERRAL FORM

Please complete this form and provide it to your GP, consultant or other healthcare professional to request a referral for a private vascular investigation at Sussex Vascular Imaging.

PATIENT DETAILS

Full Name: _____	**Date of Birth:** _____
NHS Number (if known): _____	**Telephone:** _____
Address: _____ _____	**Email:** _____

REFERRAL REQUEST

Please indicate the required investigation(s):

■ Venous Duplex Ultrasound – Lower Limb(s) ■ Venous Duplex Ultrasound – Upper Limb(s)
■ Arterial Duplex Ultrasound – Lower Limb(s) ■ Arterial Duplex Ultrasound – Upper Limb(s)
■ Ankle Brachial Pressure Index (ABPI) ■ Carotid Duplex Ultrasound
■ Aortic Duplex Ultrasound ■ Other: _____

Side (if applicable): ■ Right ■ Left ■ Bilateral

CLINICAL INFORMATION — TO BE COMPLETED BY REFERRER

Reason for referral / clinical indication: _____ _____ _____ _____	**Current symptoms — tick all that apply:** ■ Varicose veins ■ Venous ulcer ■ Leg swelling ■ Claudication ■ Leg pain ■ Cold feet / poor circulation ■ Heaviness ■ Tingling / numbness ■ Skin changes ■ Other: _____
Relevant medical history: _____ _____ _____ _____	**Relevant examination findings:** _____ _____ _____ _____

REFERRER DETAILS

Name of Referring Clinician: _____	**Professional Title:** _____
Practice / Organisation: _____	**Telephone:** _____
Email: _____	**GMC / HCPC / NMC No.:** _____
Address: _____ _____	**Signature:** _____ **Date:** _____

PATIENT CONSENT

I consent to my healthcare professional referring me for a private vascular investigation at Sussex Vascular Imaging and to relevant clinical information being shared with the vascular service for the purpose of my assessment and investigation.

Patient Signature: _____ **Date:** _____

PLEASE INCLUDE (IF AVAILABLE)

- Previous vascular imaging reports • Relevant clinic letters • Medication list (if relevant)
- History of DVT/thrombosis, peripheral arterial disease, diabetes or previous vascular surgery
- Any other relevant clinical information. **Urgent / acute vascular presentations should follow the appropriate urgent pathway.**