VASCULAR INSTITUTE

VASCULAR DIAGNOSIS & TREATMENT REFERRAL PAD

o: 423.602.2750
f: 423.602.2762

Date _____

Referring Physician Name _____ **Phone#** _____ **Fax #** _____

Referring Practice Address, State, Zip _____

Patient Name _____ **Phone#** _____

Patient Date of Birth ___/___/___ **Address, State, Zip** _____

DIAGNOSIS / COMMENTS

Related Studies: ❒ YES | ❒ NO · If YES, please indicate study type, facility location and date of study

Study Type:	Facility Location:	Date of Study:

PATIENT HISTORY

Check all that apply:

_ Family History of AAA / TAA	_ High Cholesterol	_ Prior CABG
_ History of Vascular Disease, MI, or Stroke	_ High Blood Pressure	_ Diabetic
_ History of or Currently Smoking	_ Atherosclerosis	_ Other_____

PATIENT SYMPTOMS

Check all that apply:

_ Vague Abdominal Pain	_ Claudication (R/L)	_ Burning Feet (R/L)
_ Tender, Pulsating Abdominal Mass	_ Skin Discoloration (R/L)	_ Leg or Heel Pain (R/L)
_ GI Symptoms	_ Numbness in Feet, Toes, or Leg (R/L)	_ Other_____
_ Lower Extremity Emboli	_ Ulcers or Blisters (R/L)	_ Other_____

CONSULT and EVALUATION

Please Schedule Consult for:	**Please Schedule Vascular Study for:**
_ Aneurysm (abdominal aortic, thoracic, peripheral)	_ Ultrasound
_ Carotid Artery Disease (CIA, syncope, stroke)	_ ABI
_ Peripheral Arterial Disease (claudication, resting pain, wounds)	_ Carotid Duplex / Doppler
_ Venous Insufficiency (varicose veins, leg swelling)	_ Lower / Upper Extremity Arterial Duplex / Doppler
_ Deep Vein Thrombosis (DVT)	_ Lower / Upper Extremity Venous Duplex / Doppler
_ Dialysis Access	_ Renal / Mesenteric Duplex
_ Wound Care	_ Other: _____
_ Other: _____	

Appointment Date: _____ Time: _____

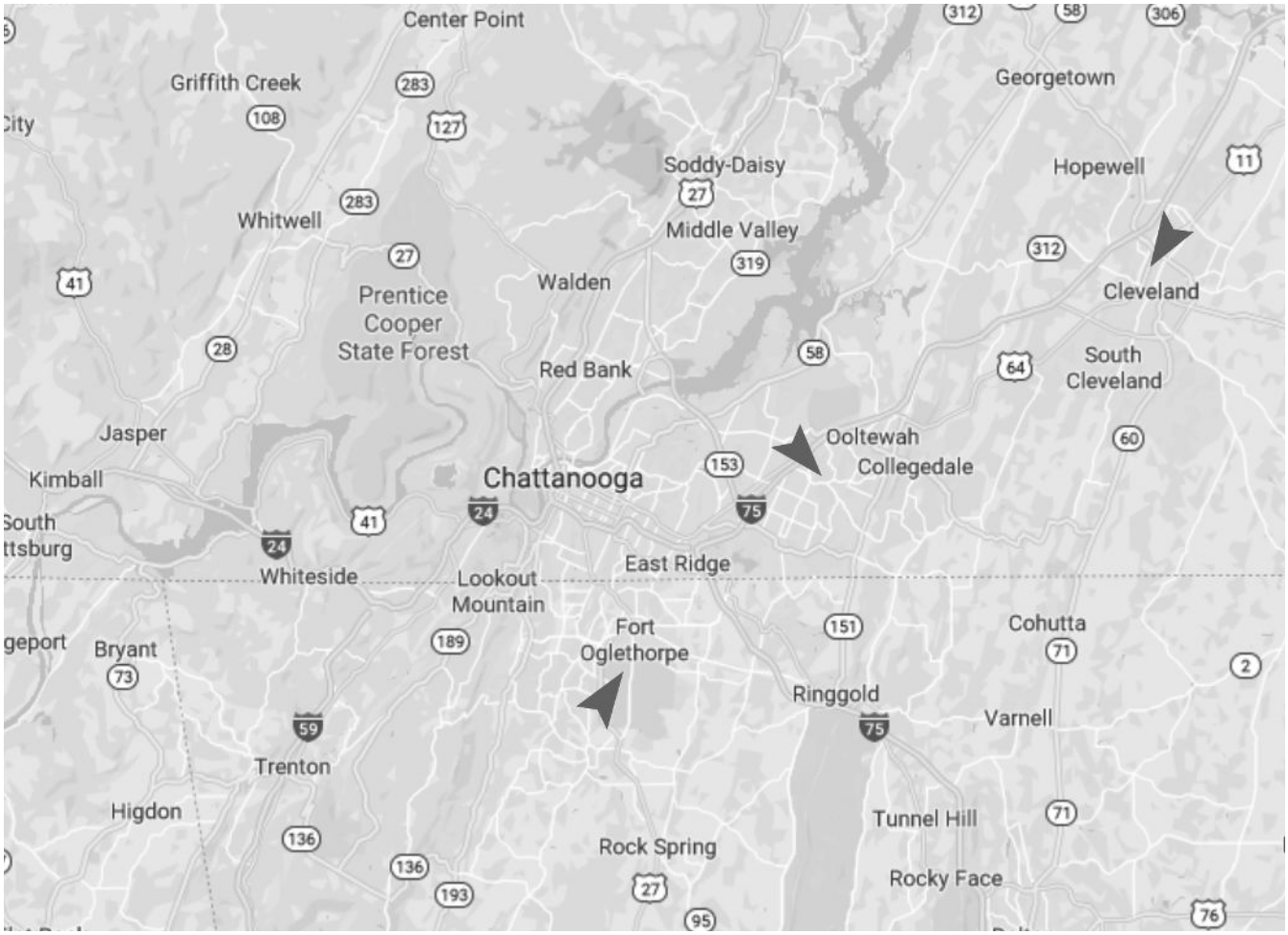
Physician: _____

Location: _____

PROVIDER'S SIGNATURE: _____

Date: _____

Direct Address: vascularinstituteofchattanooga@direct-address.net



CHATTANOOGA | CLEVELAND
NORTH GEORGIA

- Peripheral Arterial Disease
- Amputation Prevention
- Extremity Wound Care
- Smoking Cessation Programs
- Varicose Vein & Venous Issues
- Diagnostic Ultrasound
- Dialysis Access

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WWW.VASCULARINSTITUTEOFCHATTANOOGA.COM