  **PATIENT REFERRAL FORM**

**Plaza North Bldg, 12319 N. Mopac Expwy, Suite 250, Austin, TX 78758**

**Phone (512) 964-8346 FAX (512) 339-9105 *www.CardioVascularAustin.com***

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX:\_\_\_\_\_\_\_\_\_\_

**REQUEST: \_\_Consultation \_\_\_Diagnostic Testing**

**ARTERIAL TEST: VENOUS TEST: OTHER:**

**\_\_\_ Segmental Pressure Study w/ ABI \_\_\_ Lower Extremity Venous Ultrasound \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Lower Extremity Arterial Duplex Ultrasound \_\_\_ Leg Reflux Venous Ultrasound \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ Aorta / Iliac Arterial Duplex Ultrasound \_\_\_ Upper Extermity Venous Ultrasound**

**\_\_\_ Upper Extremity Arterial Duplex Ultrasound \_\_\_ IVC / Vena Cava Filter Ultrasound**

**\_\_\_ Carotid Arterial Duplex Ultrasound**

**\_\_\_ Dialysis Access Duplex Ultrasound**

**\_\_\_ Renal Artery Duplex**

**\_\_\_ Angiogram (Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_ Venogram (Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**DIAGNOSIS:**

**\_\_\_ Claudication (440.21) \_\_\_ Peripheral Artery Disease (443.9) \_\_\_ Raynauds (443.0)**

**\_\_\_ Rest Pain (440.22) \_\_\_ Renal-Vascular Disease (440.1) \_\_\_ Lymphedema (457.1)**

**\_\_\_ Ulceration Extremity (440.23) \_\_\_ Pain in Limb (729.9) \_\_\_ TIA/Stroke (435.9\_**

**\_\_\_ Gangrene Extremity (440.24) \_\_\_ Swelling in Limb(729.81) \_\_\_ Sycope (780.2)**

**\_\_\_ Bruit (785.9) \_\_\_ Weak Pulse (785.9) \_\_\_ Varicose Veins (454.8)**

**\_\_\_ Carotid Stenosis (443.1) \_\_\_ Subclavian Stenosis (442.82) \_\_\_ Venous Ulcer (454.0)**

**\_\_\_ Carotid Dissection (443.21) \_\_\_ Aortic Aneurysm (441.4) \_\_\_ Spider Veins (448.1)**

**\_\_\_ Venous Insufficiency (459.81) \_\_\_ Acute DVT (453.41) \_\_\_ Chronic DVT (451.19)**

**\_\_\_ Phlebitis (451.0) \_\_\_ Aortic Dissection (441.02) \_\_\_ Renal Disease (585.6)**

**\_\_\_ Family History CV Disease (V17.4) \_\_\_ Tobacco Abuse (305.1) \_\_\_ Diabetes, PAD Screen**

**\_\_\_ Aneurysm Disease \_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PREVIOUS TESTS:**

**Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please FAX Recent Medical Records and Study Results for Consultations.**