

PATIENT REFERRAL FORM

# UT Health Physicians Vascular Surgery

Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_

DOB \_\_\_\_\_ Patient Phone \_\_\_\_\_ SS# \_\_\_\_\_

Patient Email \_\_\_\_\_ Insurance Plan \_\_\_\_\_

Referring Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_ Physician Fax \_\_\_\_\_

Preferred Location \_\_\_\_\_

REQUEST:  Consultation  Diagnostic Testing

**ARTERIAL TEST:**

- Segmental Pressure Study w/ ABI
- Lower Extremity Arterial Duplex Ultrasound
- Aorta / Iliac Arterial Duplex Ultrasound
- Upper Extremity Arterial Duplex Ultrasound
- Carotid Arterial Duplex Ultrasound
- Dialysis Access Duplex Ultrasound
- Renal Artery Duplex
- Angiogram Location: \_\_\_\_\_

**VENOUS TEST:**

- Lower Extremity Venous Ultrasound
- Leg Reflux Venous Ultrasound
- Upper Extremity Venous Ultrasound
- IVC / Vena Cava Filter Ultrasound
- Venogram Location: \_\_\_\_\_

**DIAGNOSIS:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Claudication              | <input type="checkbox"/> Peripheral Artery Disease | <input type="checkbox"/> Dialysis Access      |
| <input type="checkbox"/> Rest Pain                 | <input type="checkbox"/> Renal-Vascular Disease    | <input type="checkbox"/> Lymphedema           |
| <input type="checkbox"/> Ulceration Extremity      | <input type="checkbox"/> Pain in Limb              | <input type="checkbox"/> TIA/Stroke           |
| <input type="checkbox"/> Gangrene Extremity        | <input type="checkbox"/> Swelling in Limb          | <input type="checkbox"/> Varicose Veins       |
| <input type="checkbox"/> Bruit                     | <input type="checkbox"/> Weak Pulse                | <input type="checkbox"/> Venous Ulcer         |
| <input type="checkbox"/> Carotid Stenosis          | <input type="checkbox"/> Subclavian Stenosis       | <input type="checkbox"/> Spider Veins         |
| <input type="checkbox"/> Carotid Dissection        | <input type="checkbox"/> Aortic Aneurysm           | <input type="checkbox"/> Chronic DVT          |
| <input type="checkbox"/> Venous Insufficiency      | <input type="checkbox"/> Acute DVT                 | <input type="checkbox"/> Renal Disease        |
| <input type="checkbox"/> Phlebitis                 | <input type="checkbox"/> Aortic Dissection         | <input type="checkbox"/> Diabetes, PAD Screen |
| <input type="checkbox"/> Family History CV Disease |  |   |
| <input type="checkbox"/> Aneurysm Disease          |  |   |
| <input type="checkbox"/> Other _____               |  |   |

## PRACTICE LOCATIONS

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### **UT Health Physicians Vascular Surgery**

Medical Arts & Research Center  
8300 Floyd Curl Drive, 4th Floor, San Antonio, TX 78229

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### **UT Health Physicians Westover Hills**

CHRISTUS Santa Rosa Medical Plaza I  
11212 Highway 151, Suite 100, San Antonio, TX 78251

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### **University Hospital Heart and Vascular Institute**

4502 Medical Drive, 3rd Floor, San Antonio, TX 78229

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### **University Hospital Robert B. Green Campus**

903 West Martin Street, 2nd Floor, San Antonio, TX 78207