Health PEI
One Island Health System

VASCULAR SURGERY SPECIALTY CLINIC REFERRAL FORM

Prince Edward Island
902.288.1096
902.288.1049
hpeiprovspecialtyvc@ihis.org

FOR URGENT REFERRALS: CONTACT ON CALL VASCULAR SURGEON for NB Via QEH locating 902-894-2111

EMR Internal Referral should be sent to: Provincial Specialty & Virtual Care Nurse

PATIENT INFORMATION	REFERRING PHYSICIAN/NURSE PRACTITIONER
NAME: **DOB:** **MRN:** **PHONE:** (c) (h) **EMAIL:** **ADDRESS:**	**NAME:** **ADDRESS:** **PHONE:** **FAX:** **REFERRAL DATE:** **EMAIL:** **PRIMARY CARE PROVIDER:** ☐ **Same as referring provider.**

REFERRAL INFORMATION

INITIAL DIAGNOSTICS: To be completed with results attached to enable appropriate triage.

☐ **ANEURYSM:** Size: cm ☐Ascending Thoracic ☐ Abdominal ☐Descending Thoracic ☐ Iliac Other: Site: Size:	☐Ultrasound (if AAA ≥ 5cm proceed with CTA) **OR** ☐CTA aorta with femoral runoff
☐**CAROTID, CEREBRAL VASCULAR DISEASE** ☐Lt ☐Rt ☐Hemisphere OR ☐Eye ☐ Asymptomatic ☐ Symptomatic → Referral to Provincial Stoke Clinic or ☐Discuss with the surgeon on call. ☐Other Symptoms	☐Carotid Ultrasound **OR** ☐CTA findings Location and degree of stenosis
☑**PERIPHERIAL ARTERY DISEASE:** ☑Lt ☐Rt ☐Claudication (blocks walked before pain) ☐Rest Pain ☐Ulcer/Gangrene ☐**NIVS COMPLETED * NEEDED *** (vascular studies)	☐ABI (≥ 0.5 or tissue loss) **OR** ☐CTA aorta + runoff
☐**OTHER:**	☐CT or Ultrasound of appropriate body part

REASON FOR REFERRAL	PLEASE ATTACH
test form	☐Past Medical History ☐Medication List ☐Most Recent Bloodwork ☐Relevant Imaging Reports ☐Allergies