

Non-Invasive Vascular Study Referral
Insurance: _____

Requirements (circle):

Pre-cert / Referral / Waiver

Patient Name _____ Date _____

Telephone _____ Consult Required Y/N _____

Birth Date _____ Appointment Date and Time: _____

Social Security # _____

Referring Physician _____ Referring Physician Address: _____

Telephone _____

Fax _____

Cerebrovascular - service offered at HVI, Mountain Lakes* and Springfield**

- | | | |
|---|---|---|
| <input type="checkbox"/> Carotid Bruit | <input type="checkbox"/> Head/Neck Trauma | <input type="checkbox"/> Cerebral Atherosclerosis |
| <input type="checkbox"/> TIA / CVA (circle one) | <input type="checkbox"/> Sudden Vision Loss | <input type="checkbox"/> Cerebral Arteritis |
| <input type="checkbox"/> History of Stenosis | <input type="checkbox"/> Hemiparesis | <input type="checkbox"/> Cerebral Embolism |
| <input type="checkbox"/> Visual Disturbance | <input type="checkbox"/> Syncope | <input type="checkbox"/> Transient Global Amnesia |
| <input type="checkbox"/> Aphasia | <input type="checkbox"/> Vertebral Syndrome | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> S/P Endarterectomy | <input type="checkbox"/> Basilar Syndrome | <input type="checkbox"/> w/ Dizziness/Vertigo |
| <input type="checkbox"/> S/P Carotid Stent | <input type="checkbox"/> Subclavian Steal | <input type="checkbox"/> w/ Headaches |

-
- Carotid Duplex Ultrasound

Arterial Lower Extremity - service offered at HVI, Mountain Lakes* and Springfield**

- | | | |
|--|---|---|
| <input type="checkbox"/> Claudication, Leg | <input type="checkbox"/> S/P LE Bypass | <input type="checkbox"/> S/P LE Revascularization |
| <input type="checkbox"/> PVD, Unspecified | <input type="checkbox"/> S/P PTA / Stent | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ischemic Rest Pain | <input type="checkbox"/> Pulsatile Mass | |
| <input type="checkbox"/> Leg or Foot Ulcer | <input type="checkbox"/> Pseudoaneurysm | |
| <input type="checkbox"/> Hip / Buttock / Back Pain | <input type="checkbox"/> Trauma | |
| <input type="checkbox"/> Gangrene | <input type="checkbox"/> Graft Surveillance | |

LE (circle) Bilateral / Right / Left

-
- Segmental Pressures w/ PVR's
-
- (Pulse Volume Recordings)
-
-
- Exercise
-
- No Exercise
-
-
- Duplex Ultrasound
-
-
- Bypass Graft
-
- Aortoiliac
-
-
- CFA / SFA
-
- Pop. / Tibial

Arterial Upper Extremity - service offered at HVI, Mountain Lakes* and Springfield**

- | | | |
|--|---|---|
| <input type="checkbox"/> Thoracic Outlet Obstruction | <input type="checkbox"/> Pseudoaneurysm | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Vasospasm / Raynaud's | <input type="checkbox"/> Limb Ischemia | <input type="checkbox"/> Subclavian Steal |
| <input type="checkbox"/> PVD, Unspecified | <input type="checkbox"/> AV Fistula | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> Claudication, Arm | <input type="checkbox"/> Graft Surveillance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Radial / Ulnar Artery Mapping | <input type="checkbox"/> Arm Pressure Asymmetry | |

UE (circle) Bilateral / Right / Left

-
- Segmental Pressures w/ PVR's
-
- (Pulse Volume Recordings)
-
-
- with Arm Maneuvers
-
- Exercise
-
-
- Duplex Ultrasound
-
-
- Bypass Graft

Renal Artery - this service offered only at The Heart & Vascular Institute

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Hypertension - Poor Control | <input type="checkbox"/> Azotemia | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hypertension - Sudden Onset | <input type="checkbox"/> Congestive Heart Failure | |
| <input type="checkbox"/> Renal Insufficiency | <input type="checkbox"/> F/U Renal Revascularization | |
| <input type="checkbox"/> Abdomial Bruit | <input type="checkbox"/> F/U Renal Stent | |
| <input type="checkbox"/> Small/Atrophic Kidney | | |

-
- Renal Artery Duplex

Aorta - service offered at HVI, Mountain Lakes* and Springfield**

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Pulsatile Mass | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> H/O Aortic Aneurysm | <input type="checkbox"/> Abnormal Aorta on CXR | |
| <input type="checkbox"/> H/O Aortic Dissection | <input type="checkbox"/> Aneurysm Repair | |

-
- Abdominal Aorta Ultrasound

Venous - service offered at HVI, Mountain Lakes* and Springfield**

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Iliac Vein / IVC Thrombus | <input type="checkbox"/> Edema | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Deep Vein Thrombosis | <input type="checkbox"/> w/ Leg Pain/Tenderness | |
| <input type="checkbox"/> Superficial Thrombophlebitis | <input type="checkbox"/> Leg Ulcer | |
| <input type="checkbox"/> Venous Insufficiency | <input type="checkbox"/> Painful Respiration | |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Dyspnea | |

- (circle) LE / UE**
-
- (circle) Bilateral / Right / Left**
-
-
- Venous Duplex Ultrasound
-
-
- Venous Reflux Study
-
-
- Vein Mapping / Evaluation

Mesenteric - this service offered only at The Heart & Vascular Institute

- | | |
|---|---|
| <input type="checkbox"/> Post Prandial Abdominal Pain | <input type="checkbox"/> Bowel Ischemia |
| <input type="checkbox"/> Weight Loss, Unexplained | <input type="checkbox"/> Other: _____ |

-
- Mesenteric Duplex

Additional information: