

NON-INVASIVE VASCULAR LABORATORY REFERRAL  
TORONTO GENERAL HOSPITAL 585 UNIVERSITY AVE., TORONTO ONTARIO M5G 2N2  
FAX: 416-340-4498    PHONE: 416-340-3589

**Note: All patients transported by ambulance MUST be booked as “TREAT and RETURN” ONLY.**

☐ Infectious disease    ☐ Wheelchair/can stand with assistance    ☐ Wheelchair/needs a lift

Patient Demographics	Referring Physician Information
Last Name:	Last Name:
First Name:	First Name:
Date of Birth:	Phone #:
Health Card # : Version code:	Fax #:
Phone #: Alternate #:	Billing #:
Address:	Address:

**Please fully complete this form to prevent delay in booking. Incomplete forms will be returned.**

<input type="checkbox"/> Carotid(includes subclavian and vertebral)	<input type="checkbox"/> Arterial Legs(includes aorta and ABI's)
<input type="checkbox"/> Chronic Venous Insufficiency(reflux/varicose veins)	<input type="checkbox"/> Arterial Arms (includes subclavian and vertebral)
<input type="checkbox"/> Venous DVT <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Digital Flow Assessment <input type="checkbox"/> Fingers <input type="checkbox"/> Toes
<input type="checkbox"/> Lower Extremity <input type="checkbox"/> Upper Extremity	<input type="checkbox"/> Temporal artery/GCA
<input type="checkbox"/> AAA Screening	<input type="checkbox"/> Ankle/Brachial Index (ABI) for compression stockings

#### **INDICATION FOR TESTING**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Claudication                     | <input type="checkbox"/> Ischemic rest pain | <input type="checkbox"/> Ischemic ulceration | <input type="checkbox"/> Tiredness/weakness/numbness |
| <input type="checkbox"/> Venous ulceration/stasis disease | <input type="checkbox"/> DVT                | <input type="checkbox"/> Previous DVT        | <input type="checkbox"/> Swelling                    |
| <input type="checkbox"/> TIA/Stroke                       | <input type="checkbox"/> Amaurosis Fugax    | <input type="checkbox"/> Dizziness/vertigo   | <input type="checkbox"/> Asymmetrical BP             |

Additional Information:

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#### **PLEASE ADVISE YOUR PATIENT OF THE FOLLOWING INFORMATION:**

- Each test takes approximately 60 minutes to complete. Please arrive 15 minutes prior to your appointment
- Initial arterial leg study requires 4 hours NPO. Do not smoke 1hr prior to test. Do not chew gum.
- Must bring a valid OHIP card
- Please notify the lab if you are going to be late, or are unable to keep your appointment 416-340-3589

#### **Directions to the vascular lab:**

From any entrance find the Munk (University) or Elizabeth elevators, take to the 6<sup>th</sup> floor, follow signs to the Vascular Clinic, Non-Invasive Vascular Lab