

NON-INVASIVE VASCULAR LABORATORY REFERRAL
 TORONTO GENERAL HOSPITAL 585 UNIVERSITY DR., 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 to rule out 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"/> Ankle/Brachial Index (ABI) for compression stockings	<input type="checkbox"/> Dialysis Graft/Fistula Assessment

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:

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

How to get to the vascular lab:

From any entrance find the closest elevators:

Take Munk or Eaton elevators to floor 6 and follow signs to the Vascular Clinic,
 Non-Invasive Vascular Lab