

**McMaster University Medical Centre
Vascular Medicine Clinic**

**PERIPHERAL ARTERIAL DISEASE (PAD)
REFERRAL FORM**

Patient ID Label

Phone: (905) 521-2100 ext. 21523

Fax: (905) 528-2814

DATE OF REFERRAL (yyyy/mm/dd): _____

REASON FOR REFERRAL (Please check off all that apply)

- Abnormal ankle brachial indices (ABI < 0.9) or Vascular Test
- Claudication (pain or discomfort in leg(s) with walking, which is relieved by rest)
- Non-healing ulcer, discolored toes, or rest pain
- Past history of vascular surgery or vascular amputation
- Other: _____

RELEVANT HISTORY:

- Age \geq 60 years
- Diabetes
- Current smoking
- Renal insufficiency
- Coronary artery disease **or** history of heart failure
- Past history of stroke

PLEASE ATTACH A LIST OF CURRENT MEDICATIONS AND ALL RELEVANT DIAGNOSTICS (labs, vascular studies, imaging, consult notes, etc.).

Referral physician printed name: _____

Signature: _____

Phone number: _____ Fax number: _____

Discipline: _____

If your patient does not meet the above reasons for referral to the Vascular Medicine clinic, they may still benefit from screening for peripheral arterial disease.

If your patient has 2 or more of the following, consider referring your patient to a vascular lab or imaging centre for ankle brachial indices (see reverse for details).

- Age \geq 60 years
- Diabetes
- History of **or** current smoking
- Renal insufficiency
- Coronary artery disease **or** history of heart failure
- Past history of stroke

VASCULAR LABS & IMAGING CENTRES IN HAMILTON

Hamilton Health Sciences Medical Diagnostics Unit:

<https://www.hamiltonhealthsciences.ca/areas-of-care/services/diagnostic-services/medical-diagnostic-units/>

Hamilton Vascular Lab:

<http://www.hamiltonvascularlab.ca/>

One Vascular:

<https://www.onevascular.com/>