

Vascular Laboratory Booking Form

Please fax completed form to +44 (0)20 7259 9218

For enquiries, call +44 (0)20 7730 8298

PATIENT DETAILS		APPOINTMENT DETAILS	
TITLE	SURNAME	DATE	TIME
FORENAME		REFERRING DOCTOR	
DoB	HOSP NO		
ADDRESS		TEL NO	FAX NO
		SEND REPORT TO	
POSTCODE	TEL NO		

TEST REQUIRED	APPLICATIONS	PLEASE TICK	INDICATE RIGHT, LEFT OR BOTH LEGS
VEIN TEST: Simple Varicose Veins	Primary VVs		
VEIN TEST: Complex Varicose Veins	Recurrent VVs Ulceration		
PREOP LOCALISATION of Varicose Veins	(Perf. Veins or Saph-pop junction)		
VEIN TEST: Deep Vein Thrombosis	Leg swelling, calf pain		
VEIN TEST: Arms (Unilateral, Bilateral)	Axillary thrombosis, CVL access		
CAROTID DUPLEX:	TIA, stroke carotid disease, dissection, Subclavian steal		N/A
EXERCISE TEST: ABPI's	Claudication		N/A
BILATERAL LEG ARTERIAL TEST: (inc aorta, iliacs) **starve	Intermittent Claudication Ischemia		N/A
UNILATERAL ARTERIAL TEST LEGS/GRAFT SURVEILLANCE: (inc iliacs) + ABPI's **starve	Fem-pop, fem-distal, Aorto-bifem		
ARTERIAL TEST: Arms(Unilateral, Bilateral)	Ischemia, embolic episode, claudication		
POPLITEAL ANEURYSM: (inc aorta, iliacs) **starve			N/A
AORTIC DUPLEX**starve	Aortic aneurysm		N/A
ANKLE PRESSURES: (ABPI)			N/A
FALSE ANEURYSM:	Post-Catheterisation procedure		

Comments	
**patients must starve for 4 hours before the test. Medication may be taken with a small amount of water.	
DATE	SIGNATURE

* NO APPOINTMENT WILL BE CONFIRMED WITHOUT THIS BOOKING FORM

Our GP Liaison department offers GPs, patients and healthcare professionals a fast and efficient referral service to The Lister Hospital's consultants.

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