

OUTPATIENT REFERRAL TO VASCULAR SURGERY

Vascular Surgery

REASON FOR REFERRAL

Reason for Referral (select one):

- ☐ Symptomatic or Ruptured Aneurysm ☐ Acute Limb Ischemia ☐ Vascular Trauma with Ongoing Hemorrhage
☐ Symptomatic Carotid ☐ Critical Limb Ischemia ☐ Large Aneurysm ☐ Mesenteric Ischemia
☐ Chronic Limb Ischemia with Severe Symptoms ☐ Small Aneurysm ☐ Asymptomatic Carotid Disease ☐ Intermittant Claudication
☐ Venous Disease ☐ Thoracic Outlet Syndrome ☐ Other Vascular Surgery

Other / specify: _____

REFERRAL TYPE

Referral Type: ☐ New Referral ☐ Update to Existing Referral

COMMENTS

Comments: _____

