

Assessment & management of arterial, venous & complex wound conditions

For appointment – email: referrals@sivascular.com.au | HealthLink: sivacare | Phone: 02 7245 4746 | Fax: 02 7245 4742

Patient Details

Name:	DOB:
Address:	
Phone:	E mail:
Medicare:	Health Fund:

Clinical Information / Specific Question

Arterial Studies

- | | | |
|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> Carotid & Vertebral Duplex | | |
| <input type="checkbox"/> Lower Limb Arterial Duplex | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| <input type="checkbox"/> Upper Limb Arterial Duplex | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| <input type="checkbox"/> Aorto-Iliac Duplex | | |
| <input type="checkbox"/> Post EVAR Surveillance | | |
| <input type="checkbox"/> Renal / Mesenteric Artery Duplex | | |

Venous Studies

- | | | |
|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> Lower Limb Venous Reflux | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| <input type="checkbox"/> Lower Limb DVT Study | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| <input type="checkbox"/> Upper Limb DVT Study | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| <input type="checkbox"/> Iliac Veins & IVC Duplex | | |
| <input type="checkbox"/> Upper Limb Vein Mapping | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| <input type="checkbox"/> Lower Limb Vein Mapping | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |

Dialysis Access Studies

- | | | |
|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> Upper Limb Arterio-Venous Fistula / Graft Duplex | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| <input type="checkbox"/> Lower Limb Arterio-Venous Fistula /Graft Duplex | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |
| <input type="checkbox"/> Vessel Mapping for Access Creation | <input type="checkbox"/> RIGHT | <input type="checkbox"/> LEFT |

Physiological Studies

- Bilateral ABI
- Exercise ABI
- Bilateral Toe Pressure
- Bilateral Finger Pressure

Advanced Venous Studies

- Pelvic Venous Duplex / Gonadal Vein Duplex (Pelvic Congestion Syndrome)
- Renal Vein Duplex (Nutcracker Syndrome)

Referring Clinician Details

Referring Clinician:	Provider Number:
Practice Details:	
Phone:	Fax:
Signature:	Date:

All examinations are performed in accordance with recognized Australian & international vascular ultrasound standards & reporting guidelines