

PATIENT DETAILS

Name: _____ Date of birth: _____
 Address: _____ Tel (Home): _____
 _____ Mobile: _____
 _____ Tel (Business): _____

CLINICAL HISTORY

CONSULTATION / MANAGEMENT REQUIRED

TESTS REQUIRED

URGENT

Bilateral Left Right

ARTERIAL ULTRASOUND

1. Peripheral Arterial Study*
2. Aorto-iliac Arteries
3. Lower Extremity Arteries
4. Upper Extremity Arteries
5. Arterio-venous Fistula
6. AVF Work-up
7. AAA
8. Carotid and Vertebral Arteries
9. Renal Arteries
10. Mesenteric Arteries

VENOUS ULTRASOUND

11. DVT
12. Varicose Veins / Insufficiency
13. Ovarian / Pelvic Veins
14. Vein Mark / Mapping Pre-op
15. Upper Limbs
16. Other (Details in Clinical History)

PHYSIOLOGICAL TESTS

17. Ankle: brachial Indices with Exercise
18. Ankle: brachial Indices Resting
19. Digital Pressures Lower Extremity
20. Digital Pressures Upper Extremity

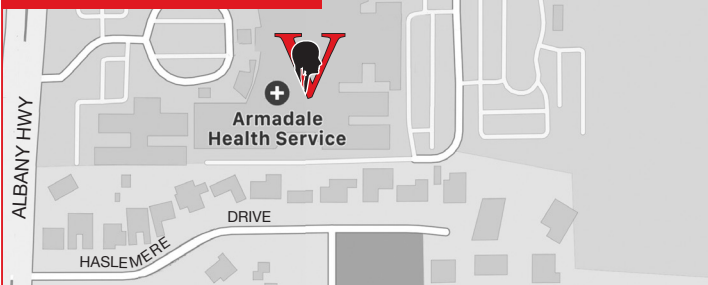
*Peripheral arterial study will include exercise or resting Doppler (ABI's) and duplex scan of the abdominal, femoral, popliteal and tibial arteries. Depending on patient's condition and geographic location this will in most instances require more than 1 attendance.

Results will be sent electronically unless requested to be sent by fax.

REFERRING DOCTOR

Signature: _____ Phone: _____
 _____ Fax: _____
 _____ Email: _____
 _____ Date: _____
 Provider no.: _____ Copy to: _____

ARMADALE



Suite G1, Galliers Specialist Centre,
3056 Albany Hwy, Armadale WA 6112

APPOINTMENT DETAILS

Your GP or specialist has given you this referral in order to get more information about the state of your venous or arterial circulation.

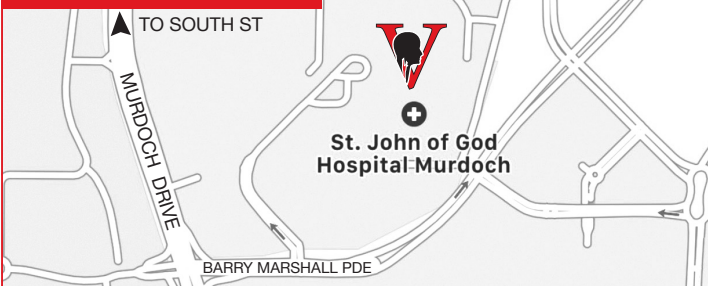
- You should wear comfortable loose fitting clothes as you may be required to remove some clothing. A gown or wrap around towel will be provided if required.
- Diagnostic Doppler ultrasound is harmless, painless and in most instances fast and easy. In most instances your test should not take longer than 30-45 minutes, however you may be required to come on another day depending on what your Doctor has ordered.
- For most tests you will be asked to lie down on an examination table that can be tilted or raised. For venous scans you will need to stand on a firm stool or sit on the edge of the bed.
- A clear water based gel is applied to the area to be scanned to enable the technologist to get a clear image of the underlying blood vessels. Some noise, representing the heart beat or pulse, will be heard. You may feel some slight pressure as the technologist moves the probe to the desired positions.
- When the test is complete, the gel will be wiped off your skin.
- The technologist will do an initial preliminary report that will be sent, along with the ultrasound images, to one of our specialist vascular surgeons who will interpret and finalise the report for sending back to your referring doctor.
- Our technologists are highly trained in the vascular field and in most instances will know the results of your test however they will not discuss the results of the test with you. All questions relating to the outcome of your tests will need to be discussed with your referring doctor.

JOONDALUP



c/-GenesisCare, Level 3, Shenton House
57 Shenton Avenue, Joondalup WA 6027

MURDOCH



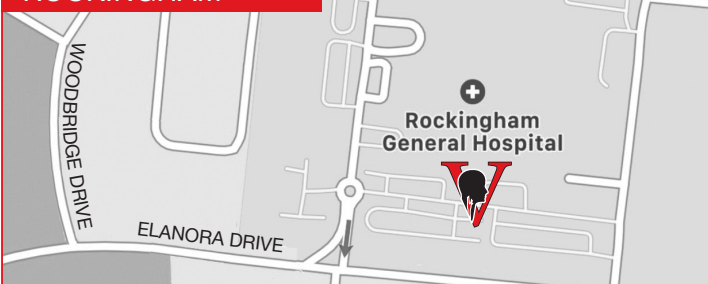
Suite 59, St John of God Medical Centre,
Barry Marshall Parade, Murdoch 6150

PERTH



c/-GenesisCare, Suite 3, 140 Mounts Bay Rd,
Perth WA 6000

ROCKINGHAM



Rockingham Hospital Consulting Suites
Elanora Drive, Rockingham WA 6168

- Please fast for a minimum of 4 hours for the following tests: 1, 2, 6, 8, 9 and 13.
- If you are an insulin dependent diabetic then please fast for 3 hours.
- Non insulin dependent diabetics, please bring some food to have after your test.
- If you require medication prior to your test then take it with a small amount of water.
- Please arrive 15 minutes prior to your appointment time if this is your first visit with us.

Day:

Date:

Time:

Location:

