

PATIENT REFERRAL FORM - FOR SUSPECTED PAD

Information in **RED** is Required

Date _____

Patient Name _____

Patient Phone # _____

DOB _____

Gender M F

Ordering Physician Name _____

Ordering Physician Phone # _____

Please Specify Fax #
PAD Specialists should Fax
Reports to _____

PCP Name _____

PCP Phone # _____

Ordering Physician Signature _____

Conservative Management attempted over the last 6 months:
 (Important to document these here and in referring physician's notes in order to proceed to procedure)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Smoking cessation | <input type="checkbox"/> Statins |
| <input type="checkbox"/> Heart-healthy diet | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pletal/Cilostazol | _____ |

REASON FOR REFERRAL

Peripheral Arterial Disease (PAD)

Indication (please select all that apply) **ICD-10**

- | | |
|---|----------------|
| <input type="checkbox"/> STAT (patient needs to be seen asap) | |
| <input type="checkbox"/> Wound/Ulcer | |
| <input type="checkbox"/> Peripheral Vascular Disease | 173.9 |
| <input type="checkbox"/> Pain in Right Leg | M79.604 |
| <input type="checkbox"/> Pain in Left Leg | M79.605 |
| <input type="checkbox"/> Pain in Right Foot | M79.671 |
| <input type="checkbox"/> Pain in Left Foot | M79.672 |
| <input type="checkbox"/> Pain in Unspecified Limb | M79.609 |
| <input type="checkbox"/> Type 2 Diabetes with Peripheral Angiopathy, without Gangrene | E11.51 |
| <input type="checkbox"/> Type 2 Diabetes with Peripheral Angiopathy, with Gangrene | E11.52 |
| <input type="checkbox"/> Type 2 Diabetes with other Circulatory Problems | E11.59 |
| <input type="checkbox"/> Type 2 Diabetes Mellitus with Foot Ulcer | E11.621 |
| <input type="checkbox"/> Other (Please Specify) | |

- Please Also Send:**
1. Demographics
 2. Clinical Notes
 3. Imaging Results
 4. Recent Labs
 5. Copy of Insurance Card & ID

SELECT LOCATION

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Sugar Land
7616 Branford Pl Ste 140
Sugar Land, TX 77479 | <input type="checkbox"/> Pasadena
3412 Burke Rd Ste 100
Pasadena, TX 77504 | <input type="checkbox"/> Beaumont
755 S 11th Ste 100A
Beaumont, TX 77701 | <input type="checkbox"/> Corpus Christi
7101 S Staples St Ste 101
Corpus Christi, TX 78413 |
| <input type="checkbox"/> Houston South
10023 Main St Ste C-10
Houston, TX 77025 | <input type="checkbox"/> Victoria
1908 N Laurent St Ste 120
Victoria, TX 77901 | <input type="checkbox"/> Houston North
427 W 20th St Ste 300
Houston, TX 77008 | <input type="checkbox"/> Woodlands
17191 St Lukes Way Ste 280
The Woodlands, TX 77384 |
| <input type="checkbox"/> Rio Grande Valley, Brownsville/Harlingen
2501 Paredes Line Rd Ste B7
Brownsville, TX 78526 | <input type="checkbox"/> Rio Grande Valley, Edinburg/McAllen
2868 W Trenton Rd Ste 2868
Edinburg, TX 78539 | <input type="checkbox"/> Laredo
6419 Polaris Drive, #B2
Laredo, TX 78041 | |