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| --- | --- | --- | --- | --- |
| **Patient Demographics** | | | | |
| **Date of Referral:** | Click to enter a date. | | |
| **Forename** | Click here to enter text. | **Surname** | Click here to enter text. |
| **DoB** | Click to enter a date. | **NHS No.** | Click here to enter number. |
| **Mobile:** | Click here to enter number. | **Gender:** | Click here to enter text. |

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| **GP/Referral Details** | | | | |
| **Referred by:** | Click to enter a date. | **Registered GP:** | Click here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **Clinical indication for referral** | | **LEFT LEG** | | **RIGHT LEG** | |
| **Healed venous ulcer** |  | |  | |
| **lipodermatosclerosis or atrophe blanche** |  | |  | |
| **Haemosiderin deposits or varicose eczema** |  | |  | |
| **Recurrent thrombophlebitis** |  | |  | |

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| **Exclusions** | | **Guidance** |
| Significant bleeding from varicose veins | Refer to on call vascular service call 0121 424 2000 | |
| Active venous leg ulcer | Refer to venous leg ulcer service via vascular RAS | |
| Uncomplicated varicose veins | Treatment not offered | |
| Lower limb oedema/ swelling | Refer to community lymphoedema service  <https://www.bhamcommunity.nhs.uk/patients-public/adults/lymphoedema-service/> | |

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| **Please attach picture(s) of affected leg(s)** |
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