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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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