|  |  |  |  |
| --- | --- | --- | --- |
| 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. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Referred by:** | **Click here to enter text.** | **Registered GP:** | **Click here to enter text.** |

|  |  |  |
| --- | --- | --- |
| **Clinical indication for referral** | **yes** | **no** |
| **Pain or discomfort in their leg(s) when walking?** |  |  |
| **Pain ever begins when standing still or sitting?** |  |  |
| **Pain starts if walking uphill or hurrying?** |  |  |
| **Pain if walking at an ordinary pace on level ground?** |  |  |
| **Does the pain resolve after standing still for 10 minutes?** |  |  |

|  |  |
| --- | --- |
| **How far can the patient walk before the pain starts?** | Click here to enter distance in metres. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **patient status** | | | | |
| **History of dementia?** | Choose an item. | **Clinical frailty score** | Choose an item. |

|  |  |
| --- | --- |
| **Exclusions** |  |
| Severe foot pain at rest or tissue loss | Consider referral for chronic limb threatening ischaemia |
| Other causes of leg pain | Consider referral to the relevant pathway |