



NEW PATIENT REFERRAL CHECKLIST

73 Pu'uhonu Place Hilo, Hawaii 96720

Phone: (808) 932-3850 Fax: (808) 932-3855

GENERAL REQUIREMENTS FOR ALL VASCULAR PATIENTS

- Completed referral sheet, demographics page, current medication list and most recent progress notes reflecting the need for referral

DIAGNOSES SPECIFIC REQUIREMENTS

<p><u>AAA</u> (One of the following)</p> <ul style="list-style-type: none"> • CTA Abdomen/Pelvis • Ultrasound Abdomen/Pelvis 	<p><u>Arterial Insufficiency</u></p> <ul style="list-style-type: none"> • Arterial Doppler Ultrasound
<p><u>Carotid Stenosis</u></p> <ul style="list-style-type: none"> • Carotid Duplex Ultrasound 	<p><u>Deep Vein Thrombosis</u></p> <ul style="list-style-type: none"> • Venous Doppler Ultrasound
<p><u>Edema</u></p> <ul style="list-style-type: none"> • Venous Doppler 	<p><u>HD Access Creation</u></p> <ul style="list-style-type: none"> • Nephrology Consultation Report
<p><u>Peripheral Vascular Disease</u></p> <ul style="list-style-type: none"> • Venous Doppler Ultrasound 	<p><u>Peripheral Artery Disease</u></p> <ul style="list-style-type: none"> • Arterial Doppler Ultrasound • ABI-Ankle Brachial Index
<p><u>Varicose Veins</u></p> <ul style="list-style-type: none"> • Venous Doppler Ultrasound • <u>Venous Reflux</u> 	<p><u>Venous Stasis/Insufficiency/Nonhealing Ulcer</u></p> <ul style="list-style-type: none"> • Venous Doppler Ultrasound