**Community Treatment and Care Service – Routine Ankle Brachial Pressure Index (ABPI/DOPPLER) Request Form**

* ***All fields on this form are mandatory - incomplete forms will be returned to referrer***
* ***Please send attachment in original word format - other file types will be returned***

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| --- | --- | --- |
| **1.** | **Patient’s Full Name** |  |
|  | **CHI Number** |  |
|  | **Patient’s Address (including postcode)** |  |
|  | **Patient Contact Telephone Number** |  |
| **2.** | **Reason for Request** (please tick as appropriate and refer to service specification for inclusion criteria). |
|  | [ ]  ABPI only | [ ]  ABPI + Leg measurements |
| **3.** | **Clinical Indication**  |
|  | [ ]  Diagnostic uncertainty of Peripheral  Vascular Disease and ABPI beneficial  to support diagnosis and subsequent  management decisions.  | [ ]  To support consideration of compression hosiery as part  of holistic management of venous skin changes  |
| [ ]  Assessment and management of leg  ulcer/wound | [ ]  Repeat ABPI and leg remeasurement is required to  support ongoing use of compression hosiery (should be  minimum of 12 months since last APBI) |
| **4.** | **Additional Information** (Please provide any relevant information to support your referral) |
|  |
| **5..** | **Name of referrer** |  |
| **Role of referrer** |  |
| **GP Practice** |  |
| **Contact email & telephone number of referrer** |  |