

Vascular ultrasound request form

Radiology dept: 020 7460 5746 / 020 7460 5747

Email: radiologyadminteam@cromwellhospital.com

PLEASE BRING THIS FORM WHEN ATTENDING THE HOSPITAL
All sections must be fully completed

Vascular ultrasound service hours

Monday: 14:00 - 16:30

Tuesday: 14:00 - 16:30

Wednesday: 14:00 - 17:30

Thursday: 14:00 - 16:30

Friday: 09:00 - 11:30

Out of hours scans available for urgent cases

Patient details

Place sticker here

Full name: _____

DOB: _____ MRN: _____

Address: _____

Contact no.: _____ ☐ M ☐ F

Appointment date and time

Date: _____ Time: _____

Referrer details

Referring clinician / GP: _____ GMC / NMC / HCPC no.: _____

Referrer telephone / bleep: _____ Report to: _____

Priority status - referrer must select one

☐ ROUTINE - scan performed within 72 hours

☐ URGENT - scan performed within 24 hours

Chg. no.	Tick	Examination requested	Clinical history, examination findings and relevant treatment
638010	☐	Resting ankle pressure	Include onset, duration and relevant previous surgery/imaging. _____ _____ _____ _____
638008	☐	Aortic duplex FAST	
638036	☐	Thoracic outlet scan R ☐ L ☐	
638026	☐	AV fistula / access duplex R L	
638004	☐	Carotid duplex scan	
638009	☐	Exercise pressure test	
638011	☐	False aneurysm R L	Specific clinical question / suspected diagnosis _____ _____ _____
638007	☐	Graft surveillance R L	Safety and access information Infectious risk: Yes / No Details: _____ Mobility / assistance / interpreter needs: _____ Relevant allergies / precautions: _____
638003	☐	Lower limb arterial duplex - bilateral FAST	
638032	☐	Lower limb arterial duplex - unilateral R L	
638035	☐	Lower limb venous duplex - unilateral R L	Referrer declaration I confirm the information is accurate and sufficient to support clinical triage and performance of the requested examination. Signature: _____ Date: _____
638002	☐	Lower limb venous duplex - bilateral	
638001	☐	Pre-op vein marking R L	
638006	☐	Upper limb arterial duplex R L	Vascular laboratory use Operator: _____ Date: _____
638005	☐	Upper limb venous duplex R L	
639015	☐	Guidance venous ablation - unilateral R L	
639016	☐	Guidance venous ablation - bilateral	
638012	☐	Emergency call out x 1	
638020	☐	Emergency call out x 2	
FAST:		No food or drink for 4 hours before the examination. Medication may be taken with a small amount of still water.	

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Guidance notes for referrers

Referral requirements

Complete all mandatory patient identifiers, referrer details, requested examination, laterality where relevant, priority, clinical history and a clear clinical question or suspected diagnosis.

Clinical information

Provide sufficient information from the history and examination, including symptom onset and duration, relevant findings, previous vascular procedures or surgery, relevant imaging and treatment. Requests that do not contain enough information for safe triage may be returned for clarification.

Priority and expected timeframe

Select one priority only. Routine scans will be performed within 72 hours. Urgent scans will be performed within 24 hours. Out of hours scans are available for urgent cases. If the patient is clinically unstable or requires immediate assessment, use the appropriate emergency pathway rather than relying on this form alone.

Examination requested

State the precise vascular ultrasound examination and side. Do not use vague wording. The requested examination may be amended following clinical triage where another test or pathway is more appropriate.

Patient preparation and access needs

Where FAST is marked, the patient should have no food or drink for 4 hours before the examination; medication may be taken with a small amount of still water. Record infection risks, mobility or transfer needs, communication or interpreter needs, and other precautions.

Authorisation

The referral must be made by an appropriately registered or locally authorised referrer and must include a signature and date. Electronic referrals are acceptable where the approved system verifies the referrer.

Ultrasound governance

Diagnostic ultrasound does not use ionising radiation. Referrals should follow current evidence-based referral guidance, local acceptance criteria and the vascular laboratory triage process. The referrer remains responsible for providing accurate, complete and clinically relevant information.

For advice or clarification, contact the Radiology Department:

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