

# Referral for Ankle Brachial Pressure Index (ABPI) measurement

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<b>Surname</b>				<b>First name</b>							
<b>Date of Birth</b>				<b>NHI</b>							
<b>Address</b>											
<b>Phone Home</b>		<b>Work</b>		<b>Mobile</b>							
<b>Reason for referral:</b>											
<b>Clinical History:</b>											
<b>Past Medical History</b>											
<b>Medications:</b>											
<b>Signs of Peripheral Vascular disease</b>				<b>Y N</b> <i>(please circle)</i>							
<b>Smoker</b>	<b>Current</b>	<b>Recently Quit</b>	<b>Past</b>	<b>Never</b>	<b>Estimated pack years:</b>						
<b>History of CVD</b>		<b>Y N</b>	<b>CVD risk if known</b>		<b>Cardiac Failure</b>			<b>Y N</b>			
<b>Erectile Dysfunction (males)</b>		<b>Y N</b>	<b>Diabetes</b>		<b>Y N</b>	<b>Venous Insufficiency</b>		<b>Y N</b>			
<b>Oedema</b>		<b>Y N</b>	<b>Previous DVT</b>		<b>Y N</b>	<b>Malnutrition</b>		<b>Y N</b>			
<b>Mobility</b>		<b>Fully Ambulant</b>		<b>Ambulant with aid</b>		<b>Wheelchair bound</b>					
<b>Peripheral Pulses</b> <i>(circle those that are palpable)</i>											
<b>Femoral</b>	<b>Right</b>	<b>Left</b>	<b>Popliteal</b>	<b>Right</b>	<b>Left</b>	<b>Posterior Tibial</b>	<b>Right</b>	<b>Left</b>	<b>Dorsalis Pedis</b>	<b>Right</b>	<b>Left</b>
<b>Referrer details:</b> <i>(stamp may be used)</i>											
<b>Name</b>				<b>Nurse</b>	<b>GP</b>	<b>Specialist</b>	<b>Other</b>				
<b>Address</b>											
<b>Phone</b>					<b>Fax</b>						
<b>Practice:</b>											
<b>Signed:</b>											