

**Patient Details**

Patient Name

Address  Suburb  Postcode

Date of Birth    Phone Number

Medicare #  Private Health #

**Clinical Details**

Medical History / Medications:

Specific Clinical Query?

Please indicate if this appointment is URGENT

**Ultrasound Tests Required**

CAROTID-VERTEBRAL ARTERIAL DUPLEX <input type="checkbox"/>	
PERIPHERAL ARTERIAL DISEASE (Claudication, Ulcer, Rest Pain)	
Pelvis and Leg Arteries	Right <input type="checkbox"/> Left <input type="checkbox"/>
Arm Arteries	Right <input type="checkbox"/> Left <input type="checkbox"/>
AORTA AND ILLIAC ONLY <input type="checkbox"/>	
ANKLE-BRANCHIAL INDEX (ABI)	Resting <input type="checkbox"/> Exercise <input type="checkbox"/>
DVT STUDY (iliac, Femorotibial and Superficial veins)	Right <input type="checkbox"/> Left <input type="checkbox"/>
DVT STUDY (brachial, subclavian, innominate)	Right <input type="checkbox"/> Left <input type="checkbox"/>
VENOUS INSUFFICIENCY STUDY (iliac, Femorotibial and Superficial veins)	Right <input type="checkbox"/> Left <input type="checkbox"/>
ABDOMINAL VENOUS ONLY (iliac, ovarian, renal, ivc) <input type="checkbox"/>	
COMMON FEMORAL VEIN ONLY	Resting <input type="checkbox"/> Exercise <input type="checkbox"/>
RENAL ARTERIAL DUPLEX (Hypertension) <input type="checkbox"/>	
VISCERAL ARTERIAL DUPLEX (Abdominal Angina) <input type="checkbox"/>	
OTHER (Please specify)	

**Consultation**

Dr Robert Tewksbury  
 Vascular & Endovascular Surgeon

Please indicate if you would like a consultation to review test results

## Referring Doctor

Name	<input type="text"/>	Provider #	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>
Practice Name	<input type="text"/>	Contact Number	<input type="text"/>
Copy of Report to	<input type="text"/>		

## Locations

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Joondalup<br>Sanori House<br>Suite 8 126 Grand Boulevard<br>JOONDALUP WA 6027 | <input type="checkbox"/> | Nedlands<br>Hollywood Medical Centre<br>Suite 46 85 Monash Avenue<br>NEDLANDS WA 6009<br>(Entrance Gate 5) |
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