

SURGICAL REFERRAL FORM (ADULT)

PATIENT'S INFORMATION
(Please Stick Label)

Surgeon Referred to : _____

Operation Type Recommended : _____

Urgent/ Elective/ CT Pool : ☐ Urgent ☐ Elective ☐ CT Pool

Case Discussion : ☐ Yes ☐ No ☐ Date Discussed: _____

Comments : _____

Secondary Diagnosis : _____

Coronary Angiogram Findings/ CTA Findings

LMS : ☐ Yes ☐ No

3 Vessels Disease : ☐ Yes ☐ No

2 Vessels Disease : ☐ Yes ☐ No

1 Vessel Disease : ☐ Yes ☐ No

Aorto-iliac disease : ☐ Yes ☐ No

Tibial vessel disease : ☐ Yes ☐ No

Aneurysm (abdominal/ thoracic) : ☐ Yes ☐ No

Other Comments : _____

ECHO Findings

a. Valve Status : ☐ MV ☐ TV ☐ PV ☐ AV

b. Ejection Fraction : ☐ %

Venous Duplex

a. Sapheno-femoral Junction (SFJ) : ☐ Yes ☐ No
incompetent

b. Sapheno-popliteal Junction (SPJ) : ☐ Yes ☐ No
incompetent

Renal Impairment

a. Creatinine : ☐ umol/l

b. Dialysis Dependent : ☐ Yes ☐ No

Referring Cardiology Consultant/ Cardiology Clinical
Specialist's Signature & Name

Referral Date & Time