



New Vein & Vascular Consult Form

New Patients:
P: 480-654-7121
F: 480-396-1571

What is PAD? Peripheral arterial disease – also known as PAD – is a serious circulatory problem in which the blood vessels that carry blood to your arms, legs, brains, or kidneys, become narrowed or clogged. PAD affects over 18 million Americans, most over the age of 50.

Patient Information

Name: _____ DOB MM/DD/YYYY: _____
Phone: _____ Authorization # (if required): _____
Diagnosis (Required): _____

Location

- ☐ 6309 E Baywood Ave, Ste 101, Mesa, AZ 85206 ☐ 3367 S Mercy Rd, Ste 201, Gilbert, AZ 85297
☐ 37200 N Gantzel Rd, Ste 350, Queen Creek, AZ 85140

Requested Physician

☐ Alphonse M. Ambrosia, DO ☐ Amy E. Daliman, DO ☐ Santosh Desai, DO ☐ Varun Tandon, MD

DO I NEED TO TEST FOR PAD?

People with PAD are at significantly increased risk for stroke and heart attack.

Please circle YES or NO on the questionnaire below to help us determine if you are at risk.

YES NO Do you experience any pain at rest in your lower leg(s) or feet?
YES NO Do you have foot, calf, buttock, hip, or thigh discomfort (Aching, fatigue, tingling, cramping, or pain) when you walk, which is relieved by rest?
YES NO Are your toes or feet pale, discolored, or bluish?
YES NO Do you have an infection, skin wound, or ulcer on your feet or toes that are slow to heal (8-12 weeks)?
YES NO Do you have high cholesterol levels, or other blood lipid problems, or do you take medication to lower cholesterol?
YES NO Do you have high blood pressure or take medication for high blood pressure? YES NO Do you have diabetes?
YES NO Have you ever smoked?
YES NO Have you previously had a stroke?
YES NO Do you have heart disease?

If you answered YES to 1 or more of these questions you may be at risk for PAD and need a vascular consult

Referring Provider Information

Physician/Provider: _____ Contact Person: _____
Phone: _____ Fax: _____ Physician Signature: _____

***PLEASE ATTACH THE FOLLOWING* (Incase authorization from insurance is needed)**

☐ Patient Demographics ☐ Copy of Insurance Card ☐ Blood Work & EKG ☐ Insurance Referral
☐ Progress Note ☐ Written Physician Order/Signed RX (if not sending this form)