

VASCULAR STUDIES UNIT, ROYAL UNITED HOSPITAL, BATH

DEEP VEIN THROMBOSIS DETECTION SERVICE REFERRAL FORM

Tel: 01225 824441 Fax: 01225 821908

All referrals for DVT scans must be accompanied by a completed referral form.

Date of referral: / /	GP's Contact Details:
	Name:
Patient's Details:	Address:
Name:	
Address:	Postcode:
	Tel No:
Postcode:	Fax No:
Tel No:	
	Referrer's Details (if not GP):
DOB: / /	Name:
RUH Number:	Location/Contact:

Please circle relevant clinical scores and calculate total:

	Score
Active cancer (treatment ongoing or within previous 6 month, or palliative)	1
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1
Recently bedridden > 3 days or major surgery within past 4 weeks	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen	1
Calf swelling 3 cm > asymptomatic side (measure 10cm below tibial tuberosity)	1
Pitting oedema confined to the symptomatic leg	1
Collateral superficial veins (nonvaricose)	1
Alternative diagnosis as likely or greater than that of DVT	-2
Wells Score Total =	

Interpretation: Score ≤ 0 = low probability: do a D-dimer, and only refer for scan if positive
 Score ≥ 1 = intermediate or high probability: don't do a D-dimer; refer for scan
 A low clinical probability with a negative D-dimer excludes DVT (NPPV 99%)

Is mobility: <i>reduced</i> <input type="checkbox"/> or <i>normal</i> <input type="checkbox"/>	Symptomatic leg: <i>left</i> <input type="checkbox"/> or <i>right</i> <input type="checkbox"/>
Allergies: <i>none</i> <input type="checkbox"/> or <i>details:</i>	Inpatient in last 6 weeks <input type="checkbox"/>
Relevant Medication: LMW Heparin <i>yes</i> <input type="checkbox"/> or <i>no</i> <input type="checkbox"/> Other:	
Comorbidity: <i>cardiac failure</i> <input type="checkbox"/> or <i>peripheral vasc. disease</i> <input type="checkbox"/> or <i>cellulitis</i> <input type="checkbox"/> or <i>diabetes</i> <input type="checkbox"/>	
Other details / comments:	

You may fax referrals to: 01225 821908
 Or post (routine referrals) to: Vascular Studies Unit, RUH, Combe Park, Bath BA1 3NG

The VSU will telephone the result – please ensure we have your contact details