

Kalamazoo Vascular Institute

A Partnership of HealthCare Midwest Vascular Surgery and Advanced Cardiac Healthcare

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New Patient Referral Form

Please complete and fax this form to 269-373-1594.

Date: _____

Requesting Physician: _____ Phone Number: _____

| Patient Information | | | |
|----------------------------|----------------|-------------------------|-----------|
| Name: | Date of Birth: | Social Security Number: | |
| Address: | City: | State: | Zip Code: |
| Phone Number: | | Alternate Phone Number: | |
| Primary Insurance: | | Secondary Insurance: | |
| Chief Complaint: | | | |
| Duration: | | Prior Treatment: | |

? **Evaluate and treat**

? **Evaluate and consult before treatment**

SYMPTOMS:

? Claudication (R/L)

? Blisters (R/L)

? Skin Discoloration (R/L)

? Burning Feet (R/L)

? Numbness in Feet (R/L)

? Non Healing Sores (R/L)

? Numbness in Toes (R/L)

? Heel Pain (R/L)

? Numbness in Leg (R/L)

? Leg Pain (R/L)

? Ulcers (R/L)

Diagnosis:

Thank you for this referral!

If you have any questions please contact our peripheral vascular clinical staff at 269-373-1222.

PHYSICIAN ONLY:

? Lower Extremity Arterial Duplex (ABI)

? Patient Already Receiving Treatment

? Vascular Consult

? Patient Not A Candidate For Further Screening

ICD Codes:

Claudication unspec. PVD 443.9

Claudication intermittent with Atherosclerosis 440.21

PVD unspec 443.9

Atherosclerosis of Aorta 440.0

Ulceration atherosclerosis on extr. 440.23

Rest pain atherosclerosis of extremities 440.22