

## St Michael's Vascular Surgery Clinic

Vascular & Endovascular Surgery | Vascular Lab

PHONE: (416) 864-6047 - FAX: (416) 864-6012



**Please fax this form to: 416-864-6012**

**Referral for:** ☐ **ELECTIVE CONSULTATION** ☐ **URGENT CONSULTATION**

**To:** ☐ Mark Wheatcroft, BSc, MBChB, MD, FRCS  
☐ Elisa Greco, BSc, MEd, MD, RPVI, FRCSC  
☐ David Szalay MD, MEd, FRCSC  
☐ Mohammad Qadura, MD, PhD, FRCSC  
☐ Charles de Mestral, MDCM, PhD, FRCSC, RPVI  
☐ **Next Available/ On-Call Surgeon**

**Date:**

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**Patient Information:**

**Name:**

**DoB:**

**OHIP:**

**Phone:**

**Address:**

**Clinical History (symptoms) – mandatory for appointment triage:**

**If imaging performed please attach results.**

**Clinical Indication:** ☐ Carotid Artery Stenosis – Symptomatic? Yes / No  
☐ Suspected Aortic Aneurysm (AAA) / Other aneurysm  
☐ Peripheral arterial disease - Claudication / Rest pain / Ulceration?  
☐ Diabetic Foot / Ulcers / Gangrene  
☐ Thoracic Outlet Syndrome  
☐ Varicose Veins / Leg Edema  
☐ Arteriovenous (AV) Access  
☐ Other:

**Referring Physician:** (Please fill out completely)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Billing number: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_