**Inclusion:** severe lower-limb rest pain; non-healing wound(s) below the ankle

**Exclusion:** localised sepsis, acute limb ischaemia (refer to the on-call vascular team via hospital switchboard - 0121 424 2000)

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| **Patient Demographics** | | | | |
| **Date of Referral:** | Click to enter a date. | | |
| **Forename** | Click here to enter text. | **Surname** | Click here to enter text. |
| **DoB** | Click to enter a date. | **NHS No.** | Click here to enter number. |
| **Mobile:** | Click here to enter number. | **Gender:** | Click here to enter text. |

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| **GP/Referral Details** | | | | |
| **Referred by:** | **Click to enter a date.** | **Registered GP:** | **Click here to enter text.** |

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| --- | --- | --- |
| **Clinical indication for referral** | **Right leg** | **Left leg** |
| **Ischaemic rest pain?** | Choose an item. | Choose an item. |
| **Non-healing wound / gangrene?** | Choose an item. | Choose an item. |
| **Duration of wound / gangrene?** | Click to enter text. | Click to enter text. |

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| --- | --- | --- | --- | --- |
| **PAD history / risk factors** | | | | |
| **History of dementia?** | Choose an item. | **Clinical frailty score** | Choose an item. |
| **History of active cancer** | Choose an item. | **Details if known** | Click to enter text. |

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| **Please attach image/images** |
|  |