

Heart South Vascular Institute Referral Form

Vein Center
Outpatient Endovascular Center

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heartsouthpc.com



John D. McBrayer, M.D., FACC
Mark L. Mullens, M.D., FACC
Clifton R. Vance, M.D.
David S. Fieno, M.D. Ph.D.
Neeraj Mehta, M.D., FACC
J. Hudson Segrest, M.D.
Krishna Kishore Gaddam, M.D.
Himanshu Aggarwal, M.D.
Hosakote Nagaraj, M.D.
Nirman Bhatia, M.D., FACC
Patrick Proctor, M.D., FACC
Abilash Balmuri, M.D., FACC

Referred To The Following Doctor:

<input type="checkbox"/> Clifton R Vance, MD	<input type="checkbox"/> David S Fieno, MD	<input type="checkbox"/> Neeraj Mehta, MD
<input type="checkbox"/> J. Hudson Segrest, MD	<input type="checkbox"/> Abilash Balmuri, MD	<input type="checkbox"/> First Available

Patient Name: _____

DOB: _____ Home: _____ Cell: _____

PLEASE INCLUDE A DEMOGRAPHIC SHEET FOR THIS PATIENT

Status: ASAP _____ Routine _____ Call Pt for Appt. _____

Diagnosis: _____

Referring Physician: _____

Referring Physician's Office Number: _____

Referring Physician's Fax Number: _____

Please check any of the boxes that apply to the patient:

- Experiencing leg pain, aching or cramping?
- Experiencing leg or ankle swelling, especially at the end of the day?
- Feeling a "heaviness" in their legs?
- Experience restless legs?
- Has skin discoloration or texture changes?
- Has open wounds or sores?
- Has poor hair and nail growth?
- Current or past use of tobacco products
- Has high blood pressure
- Has diabetes
- Has high cholesterol
- Has a history of heart disease or stroke

