

## Heart South Vascular Institute Referral Form

Vein Center  
Outpatient Endovascular Center

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heartsouthpc.com



**HEART SOUTH**  
**VASCULAR INSTITUTE**

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