

**CENTRALIZED VASCULAR SURGERY
INTAKE FORM
FAX NUMBER 416 123 4567**

MD <input type="checkbox"/> First Available <input type="checkbox"/> MD:		
Patient Last Name:	First Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	City	Postal Code OHIP #
Birth date (dd/mm/yyyy)	Home Phone#	Other phone #

Referring Physician	Address	Phone # Fax #
Family Physician (if not referring physician)	Address	Phone # Fax #
Signature of referring physician	Billing number	Date (dd/mm/yyyy)

Is this referral URGENT? Yes No

Reason for referral

<input type="checkbox"/> Peripheral Arterial Disease <input type="checkbox"/> Claudication / Leg pain <input type="checkbox"/> Rest pain, Ulcer, Tissue loss <input type="checkbox"/> Chronic Venous Insufficiency / Varicose Veins <input type="checkbox"/> Dialysis access / AV fistula	<input type="checkbox"/> Aortic Aneurysm <input type="checkbox"/> Carotid Stenosis <input type="checkbox"/> Symptomatic (e.g. Stroke, TIA) <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Other:
Additional clinical information:	
For Office use:	
Appointment Date and Time	Physician Location

Dr. Dueck (1805 Queen St E, Toronto, M4L 3Y3, T416.691.2030, F416.259.7975)
 Dr. Kayssi (1805 Queen St E, Toronto, M4L 3Y3, T416.691.2030, F416.259.7975)
 Dr. Kucey (1881 Yonge Street, Toronto, M4S 3C4, T416.966.3886, F416.487.8746)
 Dr. Maggisano (H186, 2075 Bayview Avenue, Toronto, M4N 3M5, T416.480.6100x83680, F416.480.5815)
 Dr. Papia (H186, 2075 Bayview Avenue, Toronto, M4N 3M5, T416.480.6100x83680, F416.480.5815)