



# Vascular Limb Preservation Clinic (VLPC)

Hôpital St-Boniface Hospital

B2002 – 409 av. Taché Ave., Winnipeg, Manitoba R2H 2A6

Tel: (204) 237-2930 Fax: (204) 237-2932 Email: vlpc@sbgh.mb.ca

## OUTPATIENT REFERRAL FORM

### PATIENT INFORMATION

Last Name	First Name	Date of Birth	PHIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	Postal Code	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### REFERRING PROVIDER\*

Provider Name	Clinic / Hospital	Phone	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Referral	Signature / Stamp:
<input type="text"/>	<input type="text"/>

\*Includes wound specialty service (e.g. NSWOC, IIWCC) or Nursing Station if no timely access to a Provider.

### REFERRAL URGENCY — select one

<input type="checkbox"/> <b>ROUTINE</b> <i>Standard wait times • Fax only</i> <input type="checkbox"/> Vascular testing (e.g. for compression therapy) <input type="checkbox"/> PAD — asymptomatic with abnormal ABI/TBI, or exertional leg pain only <input type="checkbox"/> Stable non-healing lower limb wounds (PAD, PVD, DFU, other) <input type="checkbox"/> Chronic dry gangrene limited to toes <input type="checkbox"/> Stable Charcot neuropathy +/- wound	<input type="checkbox"/> <b>RAPID RESPONSE</b> <i>Seen within days • Fax + call VLPC</i> <input type="checkbox"/> Symptomatic CLTI (e.g. ischemic rest pain, forefoot pain, worse at night) <input type="checkbox"/> New onset gangrene or necrosis <input type="checkbox"/> Worsening non-healing ulcer with cellulitis, drainage or odour <input type="checkbox"/> Suspected osteomyelitis / exposed bone <input type="checkbox"/> Acute flare of Charcot foot	<input type="checkbox"/> <b>EMERGENT</b> <i>Do NOT use this form</i> <input type="checkbox"/> Acute limb ischemia (ALI) — <14 days, the 6 P's <input type="checkbox"/> Wet / gas gangrene or necrotizing fasciitis <input type="checkbox"/> Spreading cellulitis + systemic signs <input type="checkbox"/> Signs of sepsis  <b>REFER TO EMERGENCY DEPARTMENT</b>
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### SERVICE REQUESTED

Non-invasive Vascular Testing Only (e.g. ABI, TBI, PVR)  
 Full Complex Limb / Wound Assessment  
 In-Person Appointment at St. Boniface Hospital
  Telehealth / Virtual Appointment

### WOUND DETAILS — location, type, duration, and relevant details:

### CLINICAL NOTES — relevant patient history, labs, imaging, etc.:

### ABBREVIATIONS:

ABI = Ankle-Brachial Index ALI = Acute Limb Ischaemia CLTI = Chronic Limb-Threatening Ischaemia DFU = Diabetic Foot Ulcer ED = Emergency Department  
 IIWCC = International Interprofessional Wound Care Course NSWOC = Nurse Specialized in Wound, Ostomy & Continence PAD = Peripheral Arterial Disease  
 PVD = Peripheral Vascular Disease TBI = Toe-Brachial Index 6 P's of ALI = Pain, Pallor, Pulselessness, Paraesthesia, Paralysis, Poikilothermia