**ADULT CONSULTATION FOR VASCULAR OR ENDOVASCULAR SURGERY**

Note: Refer to the clinical alerts on the back of the form and favor, if available, the protocols of the Accueil Clinique before filling it out.

### Reason for consultation

<table>
<thead>
<tr>
<th>Clinical priority scale</th>
<th>A: ≤ 3 days</th>
<th>B: ≤ 10 days</th>
<th>C: ≤ 28 days</th>
<th>D: ≤ 3 months</th>
<th>E: ≤ 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial Insufficiency</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermittent claudication</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapidly evolving</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe and incapacitating</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stable</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carotid Stenosis</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe asymptomatic carotid stenosis (&gt; 70%)</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular Diagnostic Lab</td>
<td></td>
<td>E</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reason for consultation or clinical priority modification (MANDATORY justification in the next section):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Suspected diagnosis and clinical information (mandatory)

If prerequisite is needed:
- Available in the QHR
- Attached to this form

### Special needs:

**Referring physician identification and point of service**

- Referring physician’s name
- Licence no.
- Area code Phone no. Extension Area code Fax no.

**Signature**

**Family physician:**
- Same as referring physician
- Patient with no family physician

**Registered referral (if required)**

- If you would like a referral for a particular physician or point of service
Clinical alerts (non-exhaustive list)

Refer the patient to the Emergency-department

- Suspicion of acute ischemia with motor or sensory deficit of upper or lower extremity or suspicion of mesenteric ischemia
- All aneurysms associated with pain or suspicion of rupture (aortic, visceral or limbs)
- Suspicion of vascular infection (native artery or prosthetic graft)
- Acute hemorrhage or risk of hemorrhage, external or internal (vascular trauma, hemorrhage from vascular access for hemodialysis, acute aortic dissection, expanding hematoma, etc.)
- Wet gangrene or suspicion of necrotizing infection of the foot
- Plantar abscess with sepsis in a patient with suspected or known arterial insufficiency
- Suspicion of TIA or CVA with motor or sensory deficit or trouble with speech, fluctuating or transient during < 48 h or

Use the Accueil clinique for (if available) and, depending on the patient’s condition

Legend

1. Primary care physician should follow patients with annual ultrasound exams if AAA < 45mm diameter
   (Refer to guidelines: www.choosingwiselycanada.org/recommendations/vascular-surgery/)

2. Aneurysm of **descending** thoracic aorta: use this form to refer to vascular surgery
   Aneurysm of **ascending** thoracic aorta: refer directly to cardiac surgery and not to CRDS

3. Clinical classification of venous insufficiency (CEAP)

<table>
<thead>
<tr>
<th>CEAP</th>
<th>Clinical Classification</th>
<th>CEAP</th>
<th>Clinical Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1</td>
<td>Telangiectasias or reticular veins</td>
<td>C4</td>
<td>Stasis dermatitis or hyperpigmentation</td>
</tr>
<tr>
<td>C2</td>
<td>Varicose veins</td>
<td>C5</td>
<td>Healed stasis ulcers with scarring</td>
</tr>
<tr>
<td>C3</td>
<td>Edema</td>
<td>C6</td>
<td>Active venous stasis ulcer</td>
</tr>
</tbody>
</table>

For more information about vascular and endovascular surgery, refer to the association site: www.acvq.quebec

Reasons for priority A consultation:

For all situations that requires a priority A, including these following reasons, communicate with the vascular surgeon on call in your area:

- Suspicion of recent ischemia (< 14 days) **no residual motor or sensory deficit**
- **Documented** carotid stenosis ≥ 50% with TIA, amaurosis fugax or recent CVA
- Abdominal aorta > 70 mm

Clinical classification of venous insufficiency (CEAP)

CEAP Clinical Classification
C1 Telangiectasias or reticular veins
C2 Varicose veins
C3 Edema
C4 Stasis dermatitis or hyperpigmentation
C5 Healed stasis ulcers with scarring
C6 Active venous stasis ulcer

For more information about vascular and endovascular surgery, refer to the association site: www.acvq.quebec