





ABPI clinic referral form: Reason for referral MUST be ticked!

Do not refer	Refer to ABPI clinic		Tick reason for referral
	<p>New oedema/consideration of compression hosiery – please prescribe class 1 actilymph stocking (No ABPI needed for class 1) see website: new (lohmann-rauscher.co.uk)</p>	<p>Class 1 stockings ARE NOT controlling symptoms of oedema – NON compliance with stocking is NOT a reason for referral</p> 	
<p>Compression stocking renewal: if wearing class 1 NO NEED for repeat ABPI. Check:</p> <ul style="list-style-type: none"> • Stocking Fit • Check compliance • Check measurements • Repeat advice • Re issue stocking 	<p>Patient ROUTINELY wearing class 2 (or above) compression AND requires ANNUAL ABPI prior to reprovision of hosiery</p> 		
<p>Symptomatic varicose veins: stockings are NOT NICE recommended first line treatment. PLEASE REFER to vascular services via ESR for consideration of intervention – Does not need ABPI or stockings</p>			
<p>Concerned about intermittent claudication/PAD Consider risk factors/likelihood:</p> <ul style="list-style-type: none"> • Over aged 55 • Hypertension • Diabetes • Known CVD • Smoker/previous smoker <p>Exclusions:</p> <ul style="list-style-type: none"> - Nocturnal cramp (very common) - Non exercise induced pain - Palpable foot pulses <p>Note: MSK pain is the most common reason for lower limb pain in patients without vascular risk factors</p> <p>IF lifestyle limiting claudication AND failed primary care management (smoking cessation and exercise therapy) THEN please refer to vascular services via ESR. (ABPI NOT required prior to referral as ABPI will be undertaken in vascular clinic)</p>	<p>Concerned about intermittent claudication/PAD Consider risk factors/likelihood:</p> <ul style="list-style-type: none"> • Over aged 55 • Hypertension • Diabetes • Known CVD • Smoker/previous smoker <p>Exclusions:</p> <ul style="list-style-type: none"> - Nocturnal cramp - Non exercise induced pain - Palpable foot pulses <p>Note: MSK pain is the most common reason for lower limb pain in patients without vascular risk factors</p> <p>Patient asymptomatic (no claudication or critical limb ischemia) but needing ABPI to aid diagnosis of PAD</p>  <p>Patient has symptoms suggesting claudication/ lifestyle limiting claudication and ABPI needed to confirm diagnosis/commence primary care management/aid differential diagnosis</p> 		
<p>Patient has any wounds:</p> <ul style="list-style-type: none"> • If wound on leg/leg ulcers refer to LLWC at Crofton via SPOC • Wound of foot/gangrene ? Critical Limb Ischemia (arterial rest pain/ulceration) – REFER URGENTLY to vascular services via ESR 			

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