○ **STAT REFERRAL:** Please call for immediate scheduling.

StrideCare

**www.stridecare.com** | PH#: 972.752.7098 | FAX#: 214.382.3201

## ○ VASCULAR ○ PODIATRY ○ WOUND CARE

Ways to refer a patient:
☑ Email form to: **referral@stridecare.com**
☑ Fax form to: **214.382.3201**
☑ Submit in your EMR system

# REFERRAL FORM

Please include:
☑ Demographic Sheet
☑ Insurance Information
☑ History, Physical & Recent Progress Notes
☑ Prior Test Results (Including ABI if available)

## PATIENT INFORMATION

| | |
|---|---|
| Name: | DOB: |
| Phone: | Email: |

## VASCULAR: VEINS & ARTERIES

**REASON FOR REFERRAL:**

○ Arterial Disease
○ Venous Disease
○ Diabetic Vascular Screening
○ Leg Pain
○ Leg Claudication
○ Leg Swelling
○ Lower Extremity Wound/Gangrene
○ Critical Limb Ischemia
○ DVT Evaluation/Management
○ Varicocele Embolization
○ Chronic Pelvic Pain
○ Vertebroplasty/Kyphoplasty
○ Uterine Fibroid Embolization
○ IVC Filter Placement/Removal
○ Prostate Artery Embolization
○ Abnormal ABI
○ Diminished Pedal Pulses
○ Other: _____

**LOCATIONS:**

○ Dallas ○ Arlington ○ Mesquite ○ Craig Ranch ○ Sherman ○ Denison ○ Addison ○ McKinney

## PODIATRY

**REASON FOR REFERRAL:**

**FEET:**

○ Athlete's Foot
○ Bunions
○ Diabetic Foot Care
○ Flat Feet
○ Foot Fracture
○ Foot Ulcers
○ Nerve Pain
○ Neuromas
○ Neuropathy
○ Orthotics
○ Osteoarthritis
○ Plantar Fasciitis
○ Rheumatoid Arthritis
○ Warts
○ Wound Care

**TOES:**

○ Gout
○ Hammertoe
○ Ingrown Toenail
○ Toenail Fungus
○ Other: _____

**ANKLE & LEGS:**

○ Achilles Tendonitis
○ Ankle Instability
○ Ankle Fracture
○ Ankle Replacement
○ Shin Splints
○ Sprained Ankle
○ Tendonitis

**LOCATIONS:**

○ Plano/Frisco ○ Arlington/Ft. Worth ○ Garland/Wylie ○ Carrollton/Coppell ○ Sherman/Denison
○ Allen/McKinney ○ Mesquite ○ Rowlett/Rockwall ○ Forney/Kaufman ○ Dallas/Irving

## WOUND CARE

**REASON FOR REFERRAL:**

○ Diabetic Foot Ulcer
○ Pressure Ulcer
○ Venous Ulcer
○ Arterial Ulcer
○ Traumatic Ulcer
○ Cellulitis/Dermatitis
○ Burn
○ Edema
○ Abrasion
○ Post-Surgical Wound
○ Other: _____

**LOCATIONS:**

○ Dallas ○ Arlington ○ Mesquite ○ Craig Ranch ○ Sherman ○ Flower Mound ○ Mobile - at home visit

## ORDERING PHYSICIAN INFORMATIOM

| | |
|---|---|
| Physician Name: | Clinic Phone: |
| Office Contact Name: | Clinic Fax: |