



**Queens**  
**Endovascular Center**  
 Affiliated with American Endovascular

**John Rundback, MD • Kevin Herman, MD**  
**PATIENT REFERRAL INFORMATION**

**Peripheral Arterial Disease (PAD)**

To be completed by referring physician (please print all information)

PATIENT NAME (first and last): \_\_\_\_\_

PHONE (home): \_\_\_\_\_ (mobile): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

LANGUAGE ACCOMMODATION? \_\_\_ YES \_\_\_ NO Specify: \_\_\_\_\_

REFERRING PROVIDER: \_\_\_\_\_ NPI#: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Reason for Evaluation**

please check reason/s and circle leg/s

- Leg Pain when walking R L
- Leg Pain at rest R L
- Non-healing Leg/Foot Ulcer R L
- Venous Ulceration R L
- Varicose Veins R L
- Leg Swelling R L

**Cardiovascular Risk Factors**

please check all that apply

- DM
- HTN
- Dyslipidemia
- Active/Prior Smoker
- HX of CAD
- HX of TIA/CVA
- CKD
- Prior DVT
- Other \_\_\_\_\_

**To refer a patient, please fax completed form to: 718.395.6269**

Please include patient demographics, H&P, insurance card  
 and any vascular studies which have been performed.

Please make patient aware that he/she will be contacted by  
 Queens Endovascular Center to schedule the vascular consultation.