

Suspected DVT Referral Form – complete all sections of this form

This form should be used to request an urgent ultrasound scan for patients with:-

- Two-level Wells score ≥ 2 OR
- Two-level Wells score ≤ 1 AND a positive D-dimer test.

Two-level Wells score

Score one point for each of the following clinical features:	Score
Active cancer (treatment ongoing, within 6 months, or palliative)	1
Paralysis, paresis, or recent plaster immobilisation of the lower extremities	1
Recently bedridden for 3 days or more, or major surgery within 12 weeks requiring general or regional anaesthesia	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg is swollen	1
Calf swelling is 3cm larger than asymptomatic side	1
Pitting oedema confined to the symptomatic leg	1
Collateral superficial veins (non-varicose)	1
Previous documented DVT	1
Subtract two points if:	
An alternative diagnosis is at least as likely as a DVT	-2
Score (please provide score)	

<u>D-dimer test result</u> (this information must be provided if the Two-level Wells score ≤ 1)						
D-dimer test result	Please mark as appropriate			dimer result		
Positive (i.e. ≥ 500 ng/ml FEU)		• • •				
Negative (i.e. < 500 ng/ml FEU)						
D-dimer latest result						
Suspected DVT	Ri	ight leg	Left leg			
Provide relevant clinical information (e.g. include information about learning difficulties, dementia, weight,						
whether assistance is required with transferring etc):						
		J • • • •				
Date:		Time:				
Patient name:						
Patient address:						
Patient DOB:		NHS number:				
Patient Tel. :		Patient Mobile No. :				
LMWH administered in primary care?		Yes	No 🗆			
Name of referring						
clinician:						
Practice name:						
Practice address:						
Telephone number:						

This referral form should be emailed (from an nhs.net address) or faxed to Care Co-ordination Centre (CCC) Email: shropdoc.ccc@nhs.net Fax: 01743-468214

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To ensure prompt response please telephone CCC on 08444065676 to notify them that an email/fax has been sent