Calderdale and Huddersfield NHS
NHS Foundation Trust

Referral Form to Vascular Surgery for Temporal Artery Biopsy (for inpatient and outpatient use)

Patient Sticker		**Date & Time of Referral:**	
		Referring Doctor:	
		Consultant:	
Patient contact number:		**Copy Histology results to:**	
Type of Transport, if Required?			
This procedure is carried out using Local Anaesthestic. Is the patient suitable?			
Please tick:			
Anticoagulant			
If yes, which one:			
Antiplatelet			
If yes, which one:			
Steroid			
If yes, date started:			
Co-morbidities			
Allergies			
If yes, please state:			
Infection risk			
If yes, please state:			
Which side is the biopsy to be performed	**Left**	**Right**	

For Hospital Use:

Appointment on: at:

Please send completed form to Email VascularSecs.HRI@cht.nhs.uk or Fax Number 01484 347218

If you need to speak to someone please call the Secretary on 01484 355415 or 01484 342481

Should there be any complex issues or concerns then please contact the secretaries or Vascular Surgery Team directly on the above numbers