

## Ultrasound Request Form - Patients on the DVT Pathway

Date: _____	Name _____
Signature: _____	Address _____ <b>PATIENT ID LABEL</b>
Wells Score: _____ <i>and/or</i>	Cell _____ Home _____
D Dimer Result: _____	NHI _____ DOB _____ Gender _____
	GP/NP Name _____
	Practice Name _____ Phone _____
	Registered POAC Provider <input type="checkbox"/> Yes <input type="checkbox"/> No
	Nominated After Hours Doctor _____

### Ultrasound Request

Arrange urgent ultrasound as guided below; please ensure the patient takes a copy of this form to the radiology provider.

#### Clinical Details:

### Ultrasound Report

- **If ultrasound is negative – DVT unlikely:**
  - GP review within 7 days
- **If ultrasound is positive – DVT confirmed:**
  1. Inform GP or nominated After Hours Doctor of positive result to enable patient to be commenced on anticoagulation therapy
  2. Send a copy of the report to Clinical Haematology (blood@midcentraldhb.govt.nz) for the purposes of scheduling the six week follow-up (up until this time, the patient is managed by the General Practice Team).

**It is important that the patient receives anticoagulation therapy so please ensure that a doctor or practice nurse is aware of the result.**