



☐ **STAT**

Language:

☐ English

☐ Spanish

☐ Vietnamese

☐ Other _____

Patient Name _____ Date _____

Date of Birth _____ Referring Physician _____

Sex _____ Physician Signature _____

Patient Phone _____ Fax _____

Insurance _____ Authorization # _____

Please Indicate Reason for Consultation

Please Select at least ONE Option

☐ Leg / Foot Pain

☐ Suspected / Chronic DVT

☐ Varicose Veins Swelling

☐ Ulcer / Non-Healing Wound* (see below)

☐ Swelling / Edema

☐ Edema Varicose Veins

☐ Other

Vascular Consultation

Please Select at least ONE Option

☐ Vascular Imaging w/ Consultation

☐ BIL Leg

☐ RT Leg

☐ LT Leg

Vascular Imaging

Please Select at least ONE Option

☐ R/O DVT

☐ Lower Extremity Venous Study

☐ Segmental Pressures (ABI/TBI)

☐ Upper Extremity Venous Study

*Infection History

For the safety of our staff and patients this section must be completed before patients will be able to schedule appointments at La Jolla Vein & Vascular.

Does the patient have any open wounds?

☐ Yes

☐ No

Do you suspect, or does the patient have a history of infection with drug resistant bacteria?

☐ Yes

☐ No

Has the wound recently been cultured?

☐ Yes

☐ No

If Yes, Date _____ Results _____



LA JOLLA VEIN & VASCULAR

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Amanda Steinberger, DO
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Board Certified Family Nurse Practitioner

Nisha Bunke, MD, FACPh, RPhS
Venous Disease Specialist, Medical Director

La Jolla Vein Care Contracted Insurance List

- Aetna PPO
- Anthem Blue Cross PPO
- Avanta IPA
- Blue Cross Blue Shield PPO
- Blue Promise
- Blue Shield of California PPO
- Champva
- Cigna PPO
- Geha PPO
- Healthcomp/Scripps EPO
- Health Excel IPA
- Health Net Direct HMO
- Humana
- Medi-Cal
- Medicare
- Medicare Aetna Advantage PPO
- Medicare Advantage UHC PPO
- Meritan Health (ECHO)
- Molina Health Care
- PACE Medical Group
- Perlman Clinic
- Prospect MG Direct Network
- Tricare Standard/select
- United Health Care PPO
- United Medical Resources
- Veterans Choice Program