Suspected peripheral arterial disease: referral

This is original independent practice material. Assume that today's date is 5 November 2026. Mr Schmidt has attended for assessment of walking-related calf pain. You are a general practitioner. Using the information in the case notes, write a referral letter to Dr Delores Howell, Vascular Surgeon, Vascular Outpatient Clinic, 24 Station Road. Request assessment of Mr Jarrad Schmidt's suspected peripheral arterial disease, its functional impact and appropriate management. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Jarrad Schmidt	☐	☐	☐
2. DOB: 17/03/1959 (67 yrs)	☐	☐	☐
3. Review: 05/11/26 — walking-related R calf pain	☐	☐	☐
Social background			
4. Retired postal worker; enjoys collecting stamps	☐	☐	☐
5. Lives with wife; independent with personal care	☐	☐	☐
6. Smokes 12 cigarettes/day; smoking history approximately 35 yrs	☐	☐	☐
7. Wife now does most shopping because walking is difficult	☐	☐	☐
8. Complained receptionist was 'too slow and completely useless'	☐	☐	☐
Medical history			
9. Type 2 diabetes: 8 yrs; no established neuropathy diagnosis	☐	☐	☐
10. Hypertension; hypercholesterolaemia	☐	☐	☐
11. Current medicines: metformin, perindopril, atorvastatin; reports taking regularly	☐	☐	☐
12. Appendicectomy aged 12; uncomplicated recovery	☐	☐	☐
Current symptoms			
13. 4/12: reproducible R calf cramp on walking → resolves within 3 min standing still	☐	☐	☐
14. Previously walked 1 km continuously; now pain after approximately 150 m	☐	☐	☐
15. Occasional bilateral toe tingling for 2 yrs; unchanged	☐	☐	☐
Current symptoms			
16. Pt attributes new calf pain to 'diabetic nerve damage'	☐	☐	☐
17. No rest/night pain; no foot wounds reported	☐	☐	☐
18. No associated back pain or leg weakness	☐	☐	☐
Assessment today			
19. R foot cooler than L	☐	☐	☐
20. R dorsalis pedis and posterior tibial pulses absent	☐	☐	☐
21. Both L pedal pulses palpable	☐	☐	☐
22. Doppler ankle brachial pressure index: R 0.64; L 1.02	☐	☐	☐
23. Skin intact; no ulceration or tissue loss	☐	☐	☐
24. Monofilament sensation preserved at all sites tested bilaterally	☐	☐	☐
25. BP 136/78 mmHg; pulse regular	☐	☐	☐
Plan			
26. Working diagnosis: suspected PAD; do not assume neuropathic pain	☐	☐	☐
27. Smoking cessation support offered and accepted	☐	☐	☐
28. Refer vascular surgeon: assess walking limitation; advise investigations, management and suitability for supervised exercise programme	☐	☐	☐
29. GP review in 3/52: cardiovascular risk and diabetes management	☐	☐	☐
30. Foot care and daily skin checks discussed	☐	☐	☐

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