Are you at risk for Peripheral Arterial Disease?

CENTER FOR Vascular Medicine

Screening and Assessment

Name _____ Phone Number _____

Primary Care DR_____ Today's Date _____

When you walk or exercise, do you experience aching, cramping or pain in your arms, legs, thighs or buttocks?

❑ Yes ❑ No

Does the pain subside with rest?

❑ Yes ❑ No

If you answered Yes to #1, when do you feel the pain:

❑ After walking 1 block ❑ After walking 100 yards

❑ Climbing a flight of stairs ❑ Walking at increased speed

Do you have any painful sores or ulcers on your legs or feet that aren't healing?

❑ Yes ❑ No

Have you ever had surgery, stents or balloon procedures in your heart, kidneys, legs, abdomen or arms?

❑ Yes ❑ No

Are your legs discolored or bluish?

❑ Yes ❑ No

Risk Factor Assessment

Do you have (check all that apply):

❑ Smoking History/ Date Quit _____

❑ Diabetes

❑ Coronary Artery Disease

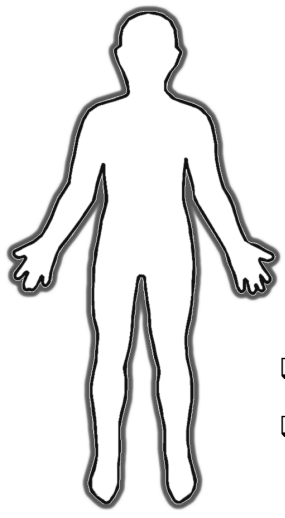
❑ High Cholesterol

❑ Previous Stoke/ TIA

❑ High Blood Pressure

❑ Age > 50

ABI Test Results



Left

ABI _____

❑ Normal

❑ Abnormal

Right

ABI _____

❑ Normal

❑ Abnormal

Disclaimer: This evaluation is for preliminary testing. These findings are not conclusive.