

Peripheral Arterial Disease Screening and Assessment

Doctor _____

Lakeview Foot & Ankle Center

Name _____

Date _____

PVD/Claudication Symptom Review

	YES	NO	Left	Right
1. Do you get any discomfort, aching, or fatigue in your leg(s) when you walk?				
2. Do you have discomfort or difficulty if you walk up an incline or go up stairs?				
3. If yes, does the discomfort disappear when you stop walking?				
4. Does the discomfort ever begin when you are standing still or sitting?				
5. Do you ever need to stop and rest when you are walking? Why?				
6. How much walking do you do on a typical day?			<input type="checkbox"/> unable to walk	
7. Do you ever use assistance to walk (i.e. cane, walker, motorized cart, someone's arm)?			<input type="checkbox"/> or min. walking slow gait	
8. Do you have numbness in your feet?				
9. Have you given up things you once enjoyed to do over the last year due to leg fatigue, weakness or discomfort?				

None Indicated

Angiogram

ABI R___ L___ Date _____

Segmental ABI Date _____

Intervention

3 Month ABI R___ L___ Date _____

6 Month ABI R___ L___ Date _____

12 Month ABI R___ L___ Date _____

Risk Factor Assessment

- Smoking history / Date quit _____
- Diabetes
- Coronary Artery Disease
- High Cholesterol
- Previous Stroke/TIA
- Hypertension
- Previous PVD
- Age >50 _____
- Obesity BMI >30 _____

Physical Exam

	YES*	NO*
Skin cool to touch		
Absence of hair or uneven distribution		
Presence of dry, atrophic skin		
Presence of skin discoloration		
Dystrophic brittle nails		
Muscle weakness or atrophy		
Wounds or ulcers present on lower ext.		
Rubor when dependent & pallor with 45° elevation 30 seconds		
DP and PT pulses present		

*Specify abnormalities on Left or Right

Notes: