

Do I Need a Test for PAD?

Peripheral Arterial Disease (PAD) is a serious circulatory problem in which the blood vessels that carry blood to your arms, legs, brain, or kidney, become narrow or clogged. It affects over 8 million Americans, most over the age of 50. It may result in leg discomfort with walking, poor healing of leg sores/ulcers, difficult to control blood pressure, or symptoms of stroke. People with PAD are at significantly increased risk for stroke and heart attack. Answers to these questions will determine if you are at risk for PAD and if a vascular exam will help us better assess your vascular health status.

Name: _____ Date: _____

Circle "Yes" or "No":

Check for PAD

- | | | | | |
|-----|---|-----|----|--------------------------|
| 1. | Do you experience discomfort while walking? | Yes | No | <input type="checkbox"/> |
| 2. | Are you able to walk 5 blocks without stopping? | Yes | No | <input type="checkbox"/> |
| 3. | Do you find yourself sitting up to dangle your legs off the edge of the couch or bed to relieve discomfort you may be experiencing at rest? | Yes | No | <input type="checkbox"/> |
| 4. | Do you experience foot or toe pain that often disturbs your sleep? | Yes | No | <input type="checkbox"/> |
| 5. | Are your toes or feet pale, discolored, or bluish? | Yes | No | <input type="checkbox"/> |
| 6. | Do you have skin wounds or ulcers on your feet or toes? | Yes | No | <input type="checkbox"/> |
| 7. | Has your doctor ever told you that you have diminished or absent pedal (foot) pulses? | Yes | No | <input type="checkbox"/> |
| 8. | Have you ever had vascular surgery on your leg(s)? | Yes | No | <input type="checkbox"/> |
| 9. | Do you have an infection of the leg(s) or feet that may be gangrenous (black skin tissue)? | Yes | No | <input type="checkbox"/> |
| 10. | Do you have thin, shiny skin below the knee? | Yes | No | <input type="checkbox"/> |
| 11. | Have you experienced hair loss below the knee over time? | Yes | No | <input type="checkbox"/> |
| 12. | Are your feet always cold? Or have you noticed that one foot may seem to always feel colder than the other? | Yes | No | <input type="checkbox"/> |

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Do I Need a Test for CVI?

Chronic Venous Insufficiency (CVI) is a serious circulatory problem in which the leg veins cannot pump enough blood back to your heart. It affects over 2.5 million Americans, most over the age of 40. Symptoms of CVI include varicose veins, skin problems, leg and ankle swelling, tight calves, and legs that feel heavy, tired, restless, or achy. Factors that can increase the risk of CVI include pregnancy, obesity, smoking, standing or sitting for long periods of time and not getting enough exercise. Answers to these questions will determine if you are at risk for CVI and if a vascular exam will help us better assess your vascular health status.

Name: _____

Date: _____

Circle "Yes" or "No":

**Test for Venous
Disease**

- | | | | | |
|----|--|-----|----|--------------------------|
| 1. | Are your legs swollen, painful, red or warm to the touch? | Yes | No | <input type="checkbox"/> |
| 2. | Have you had a blood clot in a vein that caused inflammation, pain or irritation? | Yes | No | <input type="checkbox"/> |
| 3. | Do you have varicose veins (veins that are enlarged or swollen and raised above the surface of the skin) in the legs? | Yes | No | <input type="checkbox"/> |
| 4. | Have you had a Deep Vein Thrombosis (DVT) in the past and are experiencing pain, swelling, changes in skin color, cellulites, or non-healing ulcers? | Yes | No | <input type="checkbox"/> |
| 5. | Do your legs feel heavy, tired, restless or achy? | Yes | No | <input type="checkbox"/> |
| 6. | If you push on your swollen foot, ankle or leg for 10 seconds and release, does your fingerprint leave a dimple? | Yes | No | <input type="checkbox"/> |
| 7. | If your feet, ankles and legs are swollen, does the skin look stretched or shiny? | Yes | No | <input type="checkbox"/> |
| 8. | Do you have an ulcer on the inside of your ankle? | Yes | No | <input type="checkbox"/> |

Patient Signature: _____

Physician Signature: _____

Date : _____