

Peripheral Arterial Disease Risk Assessment

Peripheral Arterial Disease (PAD) is a serious circulatory problem in which the blood vessels that carry blood to your legs become narrowed or clogged. PAD affects as many as 12 million Americans, most over the age of fifty. PAD may result in leg discomfort while walking and poor healing of leg sores/ulcers. 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. If you have any questions or concerns regarding PAD and your risk, do not hesitate to ask.

Patient Name: _____ Date of Birth: _____ Today's Date: _____

PCP: _____ Podiatrist: _____ Nephrologist: _____ Cardiologist: _____

(Please complete and return to the front desk before you see the doctor)

Risk Factors		<i>Answering YES to 2 or more risk factors increases your risk for PAD.</i>
Age <input type="checkbox"/> 50 – 59 <input type="checkbox"/> 60 – 69 <input type="checkbox"/> 70+	Do you smoke or have you ever smoked? Yes No	
	Do you have high blood pressure or are you on blood pressure medication? Yes No	
	Do you have high cholesterol or are you on medication to lower your cholesterol? Yes No	
	Have you ever been told you have diabetes? Even borderline diabetes? Yes No	
	Have you ever been told that you have had a heart attack or stroke? Yes No	
	Have you ever had an angioplasty or stent placed in the heart or leg? Yes No	
Symptoms		<i>2 or more risk factors and answering "Yes" to 1 or more symptoms indicates need for ABI (ankle brachial index)</i>
Have you noticed your walking pace has slowed? Yes No		
Do your legs ever feel tired causing you to stop and rest? Yes No		
When you walk, do you ever have to stop because you have pain or cramping in your calves or thighs? Yes No		
Do you ever experience cramping, tightness, "Charlie horse" or pain in the legs or feet when lying down that improves when you stand up? Yes No		
Physical Findings		<i>A "Yes" indicates need for diagnostic testing and vascular consult</i>
Do you have any chronic infections of your ankles, feet, or toes? Yes No		
Do you have any ulcers, or slow healing sores/wounds on your ankles, feet, or toes? Yes No		

Reviewed by: _____ Title: _____ Date: _____

REFERRAL: ABI and Vascular Consultation
 IMMEDIATE Vascular Consultation: _____ Signature



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