Vascular Access Centers

# 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, and kidneys, become narrowed or clogged. It affects over 12 million Americans, most over the age of 50. It may result in leg discomfort with walking, poor healing of leg sores/ulcers, difficulty controlling 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.

**Last Name**_____ **First Name** _____ **Date of Birth**_____**SSN** _____
**Mailing Address** _____**City** _____ **State**_____ **Zip** _____
**Phone Number** _____**Primary physician** _____
**Insurance** ***(please indicate name & type of plan if available)*:**
BCBS _____Aetna _____ Medicare _____Medicare supplemental _____
Medicare Advantage/Complete _____ Medicaid _____UHC _____Other_____

| **Please CIRCLE 'Yes' or 'No' and indicate which leg** | **Yes or No** | **Which Leg?** |
|---|---|---|

1. Do you experience discomfort, fatigue, aching, tingling, cramping, or pain in your feet, calves, thighs, or buttocks when you walk or exercise? — Yes No — Left Right Both
2. If you answered yes to #1, does the pain go away with rest? — Yes No
3. Do you experience any pain at rest in your lower leg(s) or feet? — Yes No — Left Right Both
4. Do you ever require assistance to walk *(i.e., cane, walker, motorized cart, someone's arm)?* If so, please explain: _____ _____ — Yes No — Left Right Both
5. Have you been diagnosed with diminished or absent pedal (foot) pulses? — Yes No — Left Right Both
6. Have you ever been diagnosed with arthritis, nerve damage, disk herniation, or a disease related to your bones and/or spine? — Yes No — Left Right Both
7. Have you had any procedure to treat any blood vessels? — Yes No — Left Right Both

8. Are you experiencing any of the following on your legs, feet, toes, below the knee? *Please check all that apply.*

_____ Pale, discolored, or bluish
_____ Dry or atrophic or shiny skin
_____ Ulcers, sores, slow healing wounds (8-12 wks)
_____ Hair loss or uneven distribution over time
_____ Dystrophy brittle nails
_____ Infection that may be gangrenous (black skin)

9. Risk Factors (*please check all that applies and specify when indicated.*)

_____ Smoking History/Date quit___/___/___
_____ Diabetes
_____ Coronary Artery Disease
_____ Chronic Kidney Disease, stage: ____
_____ Congestive Heart Failure
_____ Coronary Artery disease
_____ High Cholesterol
_____ Previous Stroke/ TIA
_____ Hypertension
_____ Previous Obstructive Vascular Disease
_____ Age >50
_____ Weight? _____

Patient Signature_____ Date _____

Additional Notes: _____
_____
_____