



## 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.*
- |  |  |
|--|--|
| <input type="checkbox"/> Pale, discolored, or bluish                   | <input type="checkbox"/> Hair loss or uneven distribution over time    |
| <input type="checkbox"/> Dry or atrophic or shiny skin                 | <input type="checkbox"/> Dystrophy brittle nails                       |
| <input type="checkbox"/> Ulcers, sores, slow healing wounds (8-12 wks) | <input type="checkbox"/> Infection that may be gangrenous (black skin) |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Smoking History/Date quit ___/___/___ | <input type="checkbox"/> High Cholesterol                      |
| <input type="checkbox"/> Diabetes                              | <input type="checkbox"/> Previous Stroke/ TIA                  |
| <input type="checkbox"/> Coronary Artery Disease               | <input type="checkbox"/> Hypertension                          |
| <input type="checkbox"/> Chronic Kidney Disease, stage: _____  | <input type="checkbox"/> Previous Obstructive Vascular Disease |
| <input type="checkbox"/> Congestive Heart Failure              | <input type="checkbox"/> Age >50                               |
| <input type="checkbox"/> Coronary Artery disease               | <input type="checkbox"/> Weight? _____                         |

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_