


PAD SCREENING REPORT

Patient Name _____ DOB _____
 Date _____ Examiner _____

Risk Factors	Current Symptoms	Location															
<input type="checkbox"/> Over 65 <input type="checkbox"/> Tobacco Use <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease or family history <input type="checkbox"/> Previous CV Event <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Stroke or carotid disease <input type="checkbox"/> Previous vascular disease <input type="checkbox"/> Other _____	<input type="checkbox"/> Intermittent Claudication <input type="checkbox"/> Numbness, tingling in feet <input type="checkbox"/> Ulcerations <input type="checkbox"/> Rest Pain <input type="checkbox"/> Gangrene <input type="checkbox"/> Other _____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">L</td> <td></td> <td style="text-align: center;">R</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Buttocks</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Thigh</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Calf</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Feet</td> <td><input type="checkbox"/></td> </tr> </table>	L		R	<input type="checkbox"/>	Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	Thigh	<input type="checkbox"/>	<input type="checkbox"/>	Calf	<input type="checkbox"/>	<input type="checkbox"/>	Feet	<input type="checkbox"/>
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Reminder: Pressure recordings below are the pressures read from the pressure gauge when Doppler sounds are heard upon blood flow during cuff deflation

Right Brachial Pressure (A) _____		Left Brachial Pressure (B) _____
Right PT Pressure (C) _____		Left PT Pressure (D) _____
Right DP Pressure (E) _____		Left DP Pressure (F) _____

Right ABI=Higher of right ankle Pressures (C or E) ÷ Higher of Brachial Pressures (A or B) $\text{ABI} = \frac{\text{(>C or E)}}{\text{(>A or B)}} = \text{Right ABI}$	Left ABI=Higher of left ankle Pressures (D or F) ÷ Higher of Brachial Pressures (A or B) $\text{ABI} = \frac{\text{(>D or F)}}{\text{(>A or B)}} = \text{Left ABI}$
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Comments: