



## Patient Questionnaire

### Are you at risk for Peripheral Artery Disease?

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Peripheral artery disease (PAD) is a common circulation problem in which the blood vessels, which carry blood to the legs or arms, become narrow or clogged. Please fill out this questionnaire to see if you have symptoms of Peripheral Artery Disease. Circle Yes or No to the following questions:

1. When you walk or exercise, do you experience aching, cramping or pain in your arms, legs, thighs or buttocks? **Yes No**
2. If you answered yes, does the pain subside with rest? **Yes No**

If applicable, circle the area of the body on the diagram below where you feel pain:



3. Do you have any painful sores or ulcers on your legs or feet that aren't healing? **Yes No**
4. Do you have (circle all that apply):

Diabetes    High Cholesterol    History of Smoking    High Blood Pressure

If you have answered yes to any of the above you may be at risk for PAD.

---

#### PHYSICIAN ONLY:

Lower Extremity Arterial Duplex (ABI)

CTA

Vascular Consult

Patient Not A Candidate For Further Screening

#### ICD Codes:

Claudication unspec..PVD 443.9

PVD unspec. 443.9

Ulceration athero. of extr. 440.23

Claudication intermittent with Atherosclerosis 440.21

Athero. of Aorta 440.0

Rest pain athero. of extremities 440.22