

## SCREENING FOR PERIPHERAL VASCULAR DISEASE (PVD)

Name: Mr. / Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PCP: Dr. \_\_\_\_\_

**To determine whether you qualify for PVD screening, please complete this page. Thank you!**

### A. Symptoms: *Please check any that apply to you.*

- Yes  No Pain or cramping in the hip, thigh or calf muscle **after any activity** such as walking or climbing stairs. *If Yes, please check:*  Left side  Right side  Both
- Yes  No Pain or cramping in the hip, thigh or calf muscle **when resting**-sitting or lying down. *If Yes, please check:*  Left side  Right side  Both
- Yes  No Temperature difference between the legs, i.e. one is cooler than the other
- Yes  No Weakness or numbness in legs/feet. *If Yes, please check:*  Left side  Right side  Both
- Yes  No Sores or open wounds in your feet or lower legs that are slow to heal.
- Yes  No Color changes in your feet such as a purple or blue color.
- Yes  No Hair loss or slow hair growth on the skin of your legs.
- Yes  No Varicose veins or spider veins.
- Yes  No Shiny or darkened appearance to the skin of your legs.
- Yes  No Aching, burning or swelling of legs and/or feet.
- Yes  No Restless legs syndrome while at rest.
- Yes  No **MEN:** erectile dysfunction; **WOMEN:** pelvic pain

### B. History: *Please check any that apply to you.*

- Yes  No Do you have diabetes?  Yes  No Are you on dialysis?
- Yes  No Have you had any previous vascular procedures? *Type* \_\_\_\_\_ *Year* \_\_\_\_\_
- Yes  No Have you ever smoked? # of years: \_\_\_\_\_
- Yes  No Over 50 years old with high cholesterol, high blood pressure or heart disease?
- Yes  No Diagnosis or family history of heart disease?
- Yes  No Do you have a family history of vascular disease, i.e. varicose veins/spider veins

### For Office Use:

Blood Pressure \_\_\_\_\_

ABI Result:

Normal

Borderline

Positive - Low

Positive - Incompressible

Referral for Consultation to:

**Howard L. Weinstein D.P.M.**  
**D.A.B.P.S.**  
 American Board of Podiatric Surgery  
 Board Certified  
 Foot Specialist-Podiatrist  
 Total Family Foot Care

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Please FAX WITH THIS page to 972-382-3200

Demographics

Insurance Information

History & Physical

Referral to specialty including ABI report