



Name: _____ Date: _____

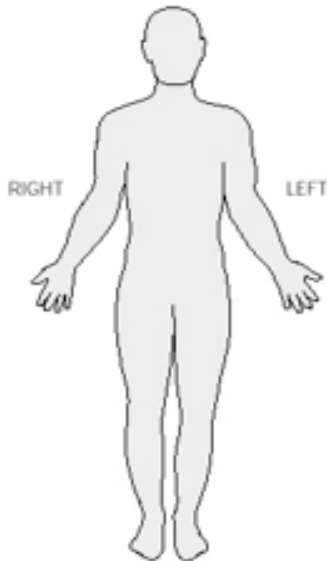
Date of Birth: _____ Cardiologist: _____

Peripheral Vascular Disease (PVD) is a common circulation disease resulting in the narrowing of vessels that carry blood to the legs and arms. Please complete this questionnaire to see if you have symptoms of PVD.

Check 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



3. Do you have painful sores or ulcers on your legs or feet that are not healing? YES NO

4. Do you have or, are you currently taking medications for, the following (check all that apply):

- Diabetes
- High Cholesterol
- History of smoking
- High Blood Pressure

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

----- Physician Only -----

P

N

Diagnostic test ordered: ABI PVR CT Scan Angiogram/Runoff

Scheduled date: _____ Patient already receiving treatment