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PATIENT'S NAME:		DATE:	
	DO I NEED A	TEST FOR PAD?	
your a the ag difficu attack	neral Artery Disease (PAD) is a serious circulatory arms, legs, brain and kidneys, become narrowed see of 50. It may result in leg discomfort with wall lt to control, or symptoms of stroke. People with a control, or symptoms of stroke. People with a control these questions will help determinate ter assess your vascular health status.	or clogged. It affects over 8 million America king, poor healing of leg sores/ulcers, blood h PAD are at significantly higher risk of strol	nns, most over pressure that is see and heart
	CHECK ALL APPLICABLE BOXES		BOXES
1.	Do you have foot, calf, buttock, hip or thigh distingling, cramping or pain) when you walk whi	,	
2.	Do you have a history of cardiovascular disease pain or swelling at rest in your lower legs or fee		
3.	Do you have a history of cardiovascular disease leg, foot, or toe pain that often disturbs your sl	DESCRIPTION OF THE PROPERTY OF	
4.	Do you have an ulcer on your thigh, calf, ankle,	foot or toe that is slow to heal?	
5.	Do you have diabetes and unusual hair loss or	skin discoloration in your legs?	
6.	Do your fingers or toes feel numb or cold in res	sponse to temperature changes or stress?	
7.	Have you suffered a severe injury to your leg(s) or feet?	
8.	Do you have an infection of the leg(s) or feet the	nat may be gangrenous (black skin tissue)?	
9.	Have you had blockages in your coronary or he	eart arteries?	
Other	Comments or Notes:		
Patier	it Signature:	Date:	