

CARDIOLOGY CONSULTANTS, PC

701 University Blvd East, Tuscaloosa, AL 35401; 205-752-0694 (P), 205-752-6244 (F)

OFFICE BASED PERIPHERAL VASCULAR SUITE

DCH MEDICAL TOWER, SUITE 608

Drs'. Jeffrey K. Anderson, Edward A. Carraway, and J. Bradley Proctor of Cardiology Consultants, PC and Dr. William Ford Simpson, Jr.

continue to perform our leg procedures in our own Office Based Peripheral Vascular Location, Suite 608 of the DCH Medical Tower

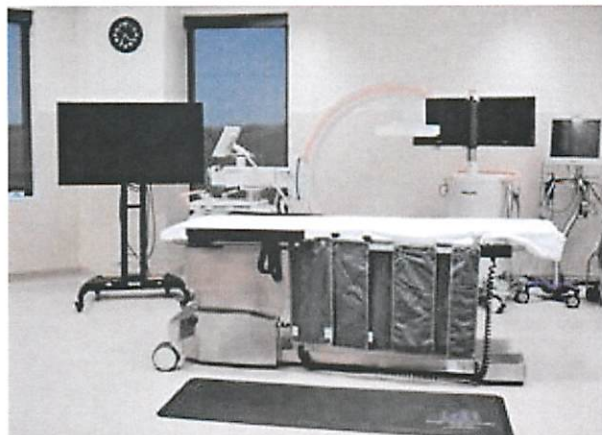
Our Office Based Peripheral Vascular Suite is just steps away from DCH Regional Medical Center and our current Practice Suite 400

This Suite offers all of the latest state of the art technology for treating Peripheral Vascular Disease (PVD)/Peripheral Arterial Disease (PAD), and its complications. We're happy to be able to offer these leg procedures in a very relaxed and quiet setting for the comfort of our patients!

Our Board-Certified Cardiologists are skilled in the evaluation & diagnostic processes and treatment of your medical issues & complications.

Take our attached PAD Questionnaire and see if you're at risk for PAD.

Please call 205-752-0694 to make an appointment with one of our Cardiologists



PATIENT'S NAME: _____

DATE: _____

DO I NEED A TEST FOR PAD?

Peripheral Artery Disease (PAD) is a serious circulatory problem in which the blood vessels that carry blood to your arms, legs, brain and kidneys, become narrowed or clogged. It affects over 8 million Americans, most over the age of 50. It may result in leg discomfort with walking, poor healing of leg sores/ulcers, blood pressure that is difficult to control, or symptoms of stroke. People with PAD are at significantly higher risk of stroke and heart attack. Answers to these questions will help determine if you are at risk for PAD and if a vascular exam will help us better assess your vascular health status.

CHECK ALL APPLICABLE BOXES

1. Do you have foot, calf, buttock, hip or thigh discomfort (aching, fatigue, tingling, cramping or pain) when you walk which is relieved by rest?
2. Do you have a history of cardiovascular disease or diabetes and experience any pain or swelling at rest in your lower legs or feet?
3. Do you have a history of cardiovascular disease or diabetes and experience any leg, foot, or toe pain that often disturbs your sleep?
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 response 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 that may be gangrenous (black skin tissue)?
9. Have you had blockages in your coronary or heart arteries?

Other Comments or Notes: _____

Patient Signature: _____

Date: _____