

Lower Extremity Physiologic Study, Single Level

(Ankle Brachial Index Assessment Form)

Patient Name _____

ID Number _____

Date _____

Risk Factors

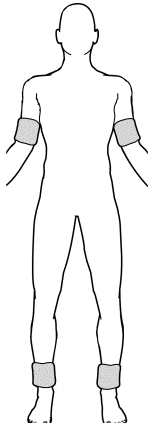
- | | |
|--|--|
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Current Age _____ | <input type="checkbox"/> Previous Vasc Surgery |
| <input type="checkbox"/> Other _____ | |

Current Symptoms

- | |
|---|
| <input type="checkbox"/> Intermittent Claudication |
| <input type="checkbox"/> Numbness, tingling in feet |
| <input type="checkbox"/> Ulcerations |
| <input type="checkbox"/> Other _____ |

ABI / Severity of Disease
 > 1.3 - Noncompressible
 1.00-1.29 - Normal
 0.91-0.99 - Borderline
 0.41-0.90 - Mild to Moderate
 0.00-0.40 - Severe

ACC/AHA Guidelines for Management of patients with P.A.D., 2005

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Right Arm _____ mmHg </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Right PT _____ mmHg </div> <div style="border: 1px solid black; padding: 5px;"> Right DP _____ mmHg </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Left Arm _____ mmHg </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Left PT _____ mmHg </div> <div style="border: 1px solid black; padding: 5px;"> Left DP _____ mmHg </div>	<p>Left ABI at the PT Left PT Pressure _____ = _____ mmHg = _____ Higher Arm Pressure _____ mmHg</p> <p>Left ABI at the DP Left DP Pressure _____ = _____ mmHg = _____ Higher Arm Pressure _____ mmHg</p> <p>Right ABI at the PT Right PT Pressure _____ = _____ mmHg = _____ Higher Arm Pressure _____ mmHg</p> <p>Right ABI at the DP Right DP Pressure _____ = _____ mmHg = _____ Higher Arm Pressure _____ mmHg</p>
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PEEL AND STRIP WAVEFORM	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> PT <input type="checkbox"/> DP
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PEEL AND STRIP WAVEFORM	<input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> PT <input type="checkbox"/> DP
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