

# Vein Screening & PAD Assessment Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Vein Screening – Answer Yes or No / which Leg: Right leg or Left leg?**  
**Do you experience any of the following in your leg(s)?**

- Aching / Pain  Y  N Leg:  R  L
- Heaviness  Y  N Leg:  R  L
- Bulging Varicose veins  Y  N Leg:  R  L
- Tiredness / fatigue  Y  N Leg:  R  L
- Spider Veins & Leg pain  Y  N Leg:  R  L
- Itching / Burning  Y  N Leg:  R  L
- Swelling / Edema  Y  N Leg:  R  L
- Cramps /Throbbing  Y  N Leg:  R  L
- Restless Legs  Y  N Leg:  R  L
- Non-Healing wounds/Ulcers  Y  N Leg:  R  L



## PAD (Peripheral Arterial Disease) Symptom Review – Answer Yes or No

- Discomfort, aching, or fatigue in leg(s) when walking? \_\_\_\_\_
- Skin color changes or blackened toes? \_\_\_\_\_
- Numbness in feet? \_\_\_\_\_



**OFFICE USE ONLY – DO NOT COMPLETE THIS SECTION**

LVN INITIAL \_\_\_\_\_

- ORDER VENOUS REFLUX STUDY (VEIN)  ORDER ABI STUDY (ARTERIAL)

IF THERE ARE ANY QUESTIONS REGARDING THE TEST PLEASE DISCUSS WITH YOUR PHYSICIAN

PHYSICIAN COMMENTS: \_\_\_\_\_