

CARDIOLOGY PARTNERS

ARE YOU AT RISK FOR PERIPHERAL ARTERIAL DISEASE?

NAME: _____ DOB: _____ DATE: _____

Peripheral Arterial Disease (PAD) is a common circulation problem in which the blood vessels that carry blood to the legs or arm becomes narrow or clogged. Please fill out this questionnaire to see if you have symptoms of PAD.

Please circle 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 any painful sores or ulcers on your legs or feet that are not healing?* YES NO
4. *Do you have Diabetes?* YES NO
5. *Have you experienced TEMPORARY:*
 - A. *Loss of vision in one eye?* YES NO
 - B. *Slurred speech?* YES NO
 - C. *Weakness or numbness of an arm or leg on one side of your body?* YES NO
6. *Have you had surgery, balloon procedures, or stents to any blood vessel other than your heart?* YES NO
7. *Have you had blockages in your coronary arteries?* YES NO
8. *Do you have (circle all that apply)*
High Cholesterol History of Smoking High Blood Pressure

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