

## Vein Screening & PAD Assessment Form

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Insurance plan: \_\_\_\_\_

**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

1. Discomfort, aching, or fatigue in leg(s) when walking? \_\_\_\_\_
2. Skin color changes or blackened toes? \_\_\_\_\_
3. Discomfort or difficulty walking up an incline, going up-stairs, or walking at an increased speed?  
\_\_\_\_\_
4. Numbness in feet? \_\_\_\_\_
5. Smoke cigarettes? \_\_\_\_\_

