

# Vascular Diagnostic Report

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

Patient Number:  
 Patient Name:  
 Birthdate:

Age:

Height:

Physician Name:  
 Examiner Name:  
 Weight:

Sex:

## Vascular Patient History

### Diagnosed Conditions

Diabetes  
 Hypertension  
 Hyperlipidemia  
 Prior Vasc Surg  
 Stroke (TIA)  
 Heart Disease  
 Angina  
 Syncope  
 Headaches  
 Vertigo

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\_\_\_\_ Years:  
 \_\_\_\_ Years:

\_\_\_\_ Family History

( )

### Risk Factors

Cigarette/Tobacco Use  
 Years Smoked: ( )

( )

a PPD

-Pack Years:

Years Quit:

Secondary  
 Oral Contraceptives

( )

### Current Symptoms

Extremity Weakness  
 Limb Hair Loss  
 Skin Color Changes  
 Skin Dermatitis  
 Trophic Nails

Right Leg

Left Leg

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Cyanosis  
 Edema  
 Cellulitis  
 Rubor  
 Ulcerations

Right Leg

Left Leg

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Rest Pain  
 Classification  
 Pain Location:  
 Thigh/Buttock  
 Calf  
 Arch  
 Toe

Right Leg

Left Leg

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Pain  
 Achting  
 Pain Location:  
 Head  
 Neck  
 Shoulder  
 Upper Arm  
 Forearm  
 Hand  
 Fingers

Right Arm

Left Arm

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Pain Relieved By:  
 Rest  
 Exercise  
 Legs Elevated  
 Legs Down

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Walking Distance (Mts) \_\_\_\_\_

Medications: \_\_\_\_\_

Previous Surgery: \_\_\_\_\_

Comments: \_\_\_\_\_

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