

# DO I NEED A TEST FOR PAD?



---

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

## CHECK ALL APPLICABLE BOXES

Do you have foot, calf, buttock, hip, or thigh discomfort (aching, fatigue, tingling, cramping, or pain) when you walk which is relieved by rest?

Do you have a history of cardiovascular disease or diabetes and experience any pain or swelling at rest in your lower legs or feet?

Do you have a history of cardiovascular disease or diabetes and experience any leg, foot, or toe pain that often disturbs your sleep?

Do you have an ulcer on your thigh, calf, ankle, foot, or toe that is slow to heal?

Do you have diabetes and unusual hair loss or skin discoloration in your legs?

Do your fingers or toes feel numb or cold in response to temperature changes or stress?

Have you suffered a severe injury to your leg(s) or feet?

Do you have an infection of the leg(s) or feet that may be gangrenous (black skin tissue)?

Have you had blockages in your coronary or heart arteries?

Other Comments or Notes:

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---