TLC Vascular

Comprehensive Specialized Vascular Care

PATIENT ASSESSEMENT FOR PAD & CVI

Patient's Name: _____ DOB: _____/_____/_____ Today's Date: _____/_____/_____

Please circle/mark all that apply to you. Then add up your scores for each: Phone: _____

ARTERIAL	POINTS	YOUR SCORE
Have slow/non-healing wounds or ulcers on foot or lower leg?	10	
Have diabetes?	7	
Over 65 years of age?	6	
Ever had lower extemity revascularization?	5	
History of smoking?	5	
Over 50 years of age?	4	
History of hypertension?	4	
Resting leg pain or foot pain?	4	
One foot ever colder than the other?	4	
Have neuropathy?	4	
Have high cholesterol?	3	
Ever had a heart attack or stent?	3	
	TOTAL SCORE *	

VENOUS	MILD (1)	MODERATE (2)	SEVERE (3)
Do you currently have an active wound or ulcer?			
Swelling/heaviness/aching in your legs or ankles?			
Do your legs feel tired as the day progresses?			
Do you have visual varicose/spider veins?			
Do you have a family history of varicose/spider veins?			
Painful leg cramps or muscle spasms (charley horse)?			
Restless legs at night?			
Do you work on your feet for long periods of time?			
Have you ever worn or currently wear compression socks/hose?			
Are you currently taking a water pill?			
Itchiness in your legs?			
		YOUR TOTAL OF ALL 3 COLUMNS:*	

* If patient scores 8 or more on either assessment, we recommend scheduling a vascular consult.

TLC Vascular Houston

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