RCI Radiology Consultants of Iowa, PLC Imaging Center

RCI Vein & Interventional Clinic
Lower Extremity Arterial Examination Worksheet

Name: _____ Date of Birth: _____

1. Do you have leg pain? ☐ NO ☐ YES (if no, proceed to #2)
If YES, which leg is painful? ☐ Right ☐ Left ☐ Both
If Both, which leg is worse? ☐ Right ☐ Left ☐ Equal
Which part of the leg is painful? ☐ Hip/Buttock ☐ Thigh ☐ Calf ☐ Foot ☐ Joints

☐ Other (describe area of pain) _____

What causes the pain? ☐ Walking ☐ Sitting at rest ☐ Comes at night

☐ Other (describe cause of pain) _____

If pain is caused by walking, how far can you walk before the symptoms start?
☐ Less than 20 ft. ☐ 1 block or less ☐ 1 mile or less

What makes your pain better? ☐ Sitting and resting ☐ Getting up and walking ☐ Dangling the legs ☐ Nothing

☐ Other (describe what gives you relief) _____

2. Have you had leg surgery or abdominal aortic surgery? ☐ NO ☐ YES
If YES, what kind of surgery?
☐ Aortic bypass ☐ Bypass graft to upper leg ☐ Bypass graft to lower leg
☐ Angioplasty or stents in the leg or pelvis ☐ Hip replacement ☐ Knee replacement
☐ Vein stripping ☐ Amputation
☐ Other (including coronary or carotid surgery) _____

3. Are you diabetic? ☐ NO ☐ YES
If YES, on insulin? ☐ NO ☐ YES
On oral meds? ☐ NO ☐ YES

4. Do you have sores or ulcers on your feet or legs? ☐ NO ☐ YES
Which side? ☐ Right ☐ Left
If YES, where? ☐ Toes ☐ Sole of foot ☐ Heel ☐ Ankle ☐ Calf ☐ Shin
☐ Other (describe) _____

5. Do you have any of the following conditions?
Leg swelling ☐ NO ☐ YES If yes, where? _____
Varicose veins ☐ NO ☐ YES If yes, where? _____
Redness and heat ☐ NO ☐ YES If yes, where? _____
Abnormal toenail growth ☐ NO ☐ YES
Hair loss on legs and feet ☐ NO ☐ YES

6. Do you have any of the following medications?
☐ Plavix ☐ Coumadin ☐ Aspirin ☐ Other Blood Thinner ☐ Cholesterol lowering med

7. Do you have any of the following?
☐ High Blood Pressure ☐ High Cholesterol

8. Smoker? ☐ NO ☐ YES If yes, how long? _____