

McLaren Caro Region  
**PERIPHERAL VASCULAR DISEASE (PVD) SCREENING FORM and RELEASE OF RESULTS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_ Race/Ethnicity: \_\_\_\_\_

**NAME AND ADDRESS OF YOUR PRIMARY CARE PHYSICIAN:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DO YOU WANT McLAREN CARO REGION TO SEND YOUR SCREENING RESULTS TO YOUR PHYSICIAN?  Yes  No

Would you like to receive future health screening & program announcements?  Yes  No  Already receive

How did you learn about this screening? \_\_\_\_\_

Welcome to the screening for Peripheral Vascular Disease (PVD). We are glad that you care about your health and came in today. This program will give you information on PVD and screen you for the problem. The screening process is very simple. The results, along with your answers to the questionnaire, will allow the physician or health care professionals to determine if you are at high, moderate, low or no apparent risk for PVD. If the screening indicates you have risk factors for PVD, you will be advised to see your physician for further consultation.

**RELEASE FORM:**

I hereby release the screening physician(s), all other health care volunteers and McLaren Caro Region from all responsibility in connection with this screening exam. I understand that I will be only screened for risk factors or symptoms of PVD and that this screening does not constitute a complete medical exam or diagnosis. I have read this form and understand this information.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL HISTORY. Please circle either "yes" or "no" for each:**

Do you experience any of the following symptoms in your legs?

- |                              |     |    |  |     |    |
|------------------------------|-----|----|--|-----|----|
| 1. Aching/pain in your legs? | Yes | No | 7. Restless legs?  | Yes | No |
| 2. Heaviness?                | Yes | No | 8. Throbbing?  | Yes | No |
| 3. Tiredness/fatigue?        | Yes | No | 9. Skin Ulcer?   | Yes | No |
| 4. Itching/burning?          | Yes | No | 10. Does the pain get worse with activity?               | Yes | No |
| 5. Swollen ankles?           | Yes | No | 11. Does the pain get better with elevation of the legs? | Yes | No |
| 6. Leg cramps?               | Yes | No | 12. Do you wear compression stockings?                   | Yes | No |

Have you ever been seen for problems in your legs? Yes No

If yes, please list symptoms: \_\_\_\_\_

Do you have cardiovascular (heart) problems, such as high blood pressure, heart attack, or stroke? Yes No

Do you have diabetes? Yes No

Do you smoke? Yes No

Have you smoked more than 100 cigarettes in your lifetime? Yes No

Have you had a recent stroke or stroke-like symptoms? Yes No

Do you have a family history of Abdominal Aortic Aneurysm? Yes No

**ASSESSMENTS:**

**Blood Pressure Results & Recommendations**

Your blood pressure today was: \_\_\_\_\_/\_\_\_\_\_ (left arm) \_\_\_\_\_/\_\_\_\_\_ (right arm)  
Systolic Diastolic Systolic Diastolic

- |  |  |
|--|--|
| <input type="checkbox"/> Normal (Systolic: less than 120/Diastolic: less than 80)                | Continue routine blood pressure checks |
| <input type="checkbox"/> Elevated (Systolic: 120-129/Diastolic: less than 80)                    | Follow-up with physician at next visit |
| <input type="checkbox"/> Hypertension: Stage 1 (Systolic: 130-139/Diastolic: 80-89)              | Follow-up with physician within 1 week |
| <input type="checkbox"/> Hypertension: Stage 2 (Systolic: 140 or higher/Diastolic: 90 or higher) | Follow-up with physician immediately   |
| <input type="checkbox"/> Hypertensive Crisis (Systolic: 180 or higher/Diastolic: 120 or higher)  | Emergency care needed                  |

**Arterial Results & Recommendations**

Your Ankle/Brachial Index (ABI) score today was: Right \_\_\_\_\_ /Left \_\_\_\_\_

Are there any arteries that cannot be compressed?  Yes  No If yes, where? \_\_\_\_\_

- Normal No further evaluation is necessary (Score 1.0 – 1.1)
- Mildly obstructed Should be monitored on a regular basis (Score 0.71 – 0.99)
- Moderately obstructed Diagnostic testing urgently needed (Score 0.41 – 0.70)
- Severely obstructed Emergent treatment needed (Score 0.00 – 0.40)
- Non-compressible vessels Study indeterminate, further evaluation is necessary
- Abnormal Results Consult with your primary care physician, cardiologist, or vascular specialist regarding further evaluation and/or treatment

Arterial Insufficiency  Yes  No  Recommend referral to Vascular Specialist

**Vein Results & Recommendations**

Varicose veins found?  Yes  No Location: \_\_\_\_\_

Further testing recommended?  Yes  No Comments: \_\_\_\_\_

Compression stockings recommended?  Yes  No What mmHg pressure? \_\_\_\_\_

Venous Insufficiency  Yes  No  Recommend referral to Vascular Specialist

**Action Plan**

See your doctor to check:  Blood Pressure  ABI  Veins  Cholesterol  Glucose  Other:

When:  Immediately  Within a couple of days  Within a week  Within 3 months  At your next scheduled visit  Other: \_\_\_\_\_

Notes: \_\_\_\_\_

Screening Results Reviewed by: \_\_\_\_\_

**Cholesterol Results**

Total Cholesterol: \_\_\_\_\_

- Desirable (Less than 200 mg/dL)
- Borderline High (200-239 mg/dL)
- High (240 mg/dL or higher)

Triglycerides: \_\_\_\_\_

- Normal (Less than 150 mg/dL)
- Borderline High (150-199 mg/dL)
- High (200-499 mg/dL)
- Very High (500 mg/dL and above)

LDL Cholesterol: \_\_\_\_\_

- Optimal (Less than 100 mg/dL)
- Near/Above Optimal (100-129 mg/dL)
- Borderline High (130-159 mg/dL)
- High (160-189 mg/dL)
- Very High (190 mg/dL and above)

\*HDL Cholesterol: \_\_\_\_\_

*Results for Women*

- Low (Less than 50 mg/dL)
- More Desirable Level (50-59 mg/dL)
- High (60 mg/dL and above)

*Results for Men*

- Low (Less than 40 mg/dL)
- More Desirable Level (40-59 mg/dL)
- High (60 mg/dL and above)

*\*With HDL cholesterol, higher levels are better. Low HDL cholesterol puts you at higher risk for heart disease.*

**Glucose Results**

Glucose: \_\_\_\_\_

- Normal (70-99 mg/dL)
- Pre-Diabetes (100-125 mg/dL)
- Diabetes (126 mg/dL or higher)

**Action Plan**

See your doctor to check:  Blood Pressure  ABI  Veins  Cholesterol  Glucose  Other:

When:  Immediately  Within a couple of days  Within a week  Within 3 months  At your next scheduled visit  Other: \_\_\_\_\_

Notes: \_\_\_\_\_

Screening Results Reviewed by: \_\_\_\_\_