McLaren

THUMB REGION

# VASCULAR LABORATORY WORKSHEET
# ARTERIAL IMAGING – UE *left*

Date: _____

#: _____

Name: _____

Birthdate: _____

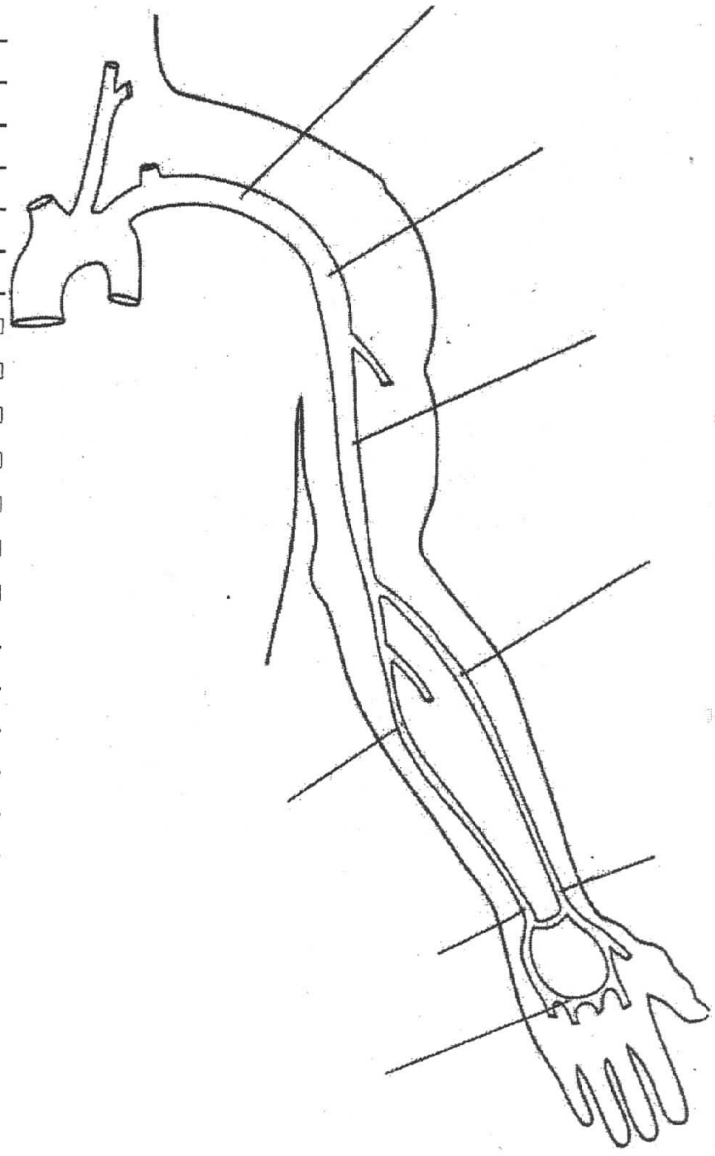
Physician: _____

Previous Exam: _____

Indications: _____

| | | | |
|---|---|---|---|
| Diabetes: | ☐ | Claudication: | ☐ |
| Smoking: | ☐ | Numbness/Paresthesis | ☐ |
| Hypertension: | ☐ | Gangrene: | ☐ |
| High Cholesterol: | ☐ | Rest Pain: | ☐ |
| Family History: | ☐ | Cold Intolerance: | ☐ |
| Tissue Loss: | ☐ | Decreased Pulses: | ☐ |
| Cyanosis: | ☐ | Pallor/Redness: | ☐ |

Comments: _____



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