LIMB SALVAGE PROGRAM

Patient Name : ______________________ Physician: ______________________

Date: ______ / ______ / ______ DOB: ______________________

Are you experiencing any of these conditions / symptoms / signs?

Venous Reflux Disease (VRS):			
Leg discoloration:	☐ Yes	☐ No	
leg fatigue:	☐ Yes	☐ No	☐ Sometimes
leg pain:	☐ Yes	☐ No	☐ Sometimes
leg swelling:	☐ Yes	☐ No	☐ Sometimes
Varicose veins:	☐ Yes	☐ No	
leg Numbness:	☐ Yes	☐ No	☐ Sometimes
Foot tingling:	☐ Yes	☐ No	☐ Sometimes
leg/foot sores:	☐ Yes	☐ No	☐ Sometimes
leg/foot dryness:	☐ Yes	☐ No	☐ Sometimes

Peripheral Arterial Disease (PAD):			
Smoking:	☐ Yes	☐ No	☐ Sometimes
High Cholesterol:	☐ Yes	☐ No	
High Blood pressure:	☐ Yes	☐ No	
Diabetes Mellitus:	☐ Yes	☐ No	
Heart Disease:	☐ Yes	☐ No	
Calf pain Walking:	☐ Yes	☐ No	☐ Sometimes
Calf / buttock pain at rest:	☐ Yes	☐ No	☐ Sometimes
Non-healing ulcers in legs:	☐ Yes	☐ No	
Artery disease / plaque in arteries:	☐ Yes	☐ No	
Age>60	☐ Yes	☐ No	

For office Use only

Any risk factors for VRS:

☐ Refer for Venous Reflux Scan

If there are 2 or more risk factors of PAD:

☐ Perform ABPI (Flochec) if available or refer to PAD clinic, if indicated

Physician signature: ______________________

Revised 08/17 sh