

Circulation Assessment

Patient Information

Name:

Age: Gender:

Medical History:

Current Medications:

Vital Signs:

Blood Pressure [mmHg]:

Heart Rate [bpm]:

Respiratory Rate [breaths/min]:

Temperature [°C/°F]:

Physical Examination:

Pulse Assessment:

Quality:

Rate:

Rhythm:

Perfusion Assessment:

Capillary Refill Time:

Skin Temperature:

Skin Color:

Peripheral Edema:

Pallor Assessment:

Observations of skin color:

Presence of pallor or cyanosis:

Paralysis Assessment:

Any loss of motor function?

Cardiovascular Risk Factors:

Hypertension: Yes No

Diabetes: Yes No

Smoking: Yes No

Obesity: Yes No

Family History of Heart Disease: Yes No

Other Risk Factors [Specify]:

Assessment Findings:

Carotid Artery:

Peripheral Vascular Status:

Lower Extremity Assessment:

Any abnormal assessment findings:

Summary and Recommendations:

Summary of assessment findings:

Recommendations for further evaluation or intervention:

Plan for patient education and follow-up: