

# 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: