

Peripheral Vascular Disease (PVD) Test

Patient Information

Name:

Age:

Gender:

Date of Birth:

Medical History:

a. Known Vascular Conditions (e.g., hypertension, diabetes):

b. Previous Surgeries or Interventions:

c. Current Medications:

d. Allergies:

Objective

Assessment

1. Physical Examination

Inspection:

a. Skin Color, Temperature, and Texture of the Limbs:

Palpation:

a. Pulses:

b. Capillary Refill Time:

Auscultation:

a. Presence of Bruits Over Major Arteries (e.g., carotid, femoral):

Additional:

a. Ankle-Brachial Index (ABI) Measurement:

b. Doppler Ultrasound Examination for Blood Flow Assessment:

2. Laboratory Tests

Complete Blood Count (CBC):

Lipid Profile:

Blood Glucose Levels (if diabetes is suspected):

3. Diagnostic Imaging

Duplex Ultrasound:

Magnetic Resonance Angiography (MRA) or Computed Tomography Angiography (CTA):

Digital Subtraction Angiography (DSA) (if needed):

Interpretation

Plan

1. Lifestyle Modifications

2. Pharmacological Therapy

3. Interventional Procedures

4. Referral

5. Follow-up

Patient Education

Documentation

Signature

Physician Name:

Physician Signature:

Date:

Time: