


Peripheral Vascular Examination

Patient information	
Name:	Date of birth:
Medical ID:	Gender:
Attending physician:	Practitioner ID:
Date of examination:	Time of examination:
Medical history	
Lifestyle and risk factors:	
Pre-existing conditions:	
Presenting symptoms:	
Other:	
Vital signs	
Heart rate:	Respiratory rate:
Body temperature:	Blood pressure:
Other:	
Physical examination	
Observations from external inspection (include location & severity of any symptoms):	

Temperature (upper):	Symmetrically warm Left - cool/pale Right - cool/pale		
Temperature (lower):	Symmetrically warm Left - cool/pale Right - cool/pale		
Upper limb capillary refill time			
Left:	< 2 seconds	> 2 seconds	Right: < 2 seconds > 2 seconds
Lower limb capillary refill time			
Left:	< 2 seconds	> 2 seconds	Right: < 2 seconds > 2 seconds
Sensory deficit:			
Notes:			
Pulse palpitation			
Carotid			
Radial			
Brachial			
Femoral			
Popliteal			
Posterior tibial			
Dorsalis pedis			
Other:			
Radio-radial delay:	Absent Present Not assessed		
Radio-femoral delay:	Absent Present Not assessed		
Notes:			
Blood pressure			
Left arm:	Right arm:		
Difference between arms:	< 20 mmHg > 20 mmHg		

Wide pulse pressure:	Absent Present Not assessed
Left leg:	Right leg:
Difference between arms:	< 20 mmHg > 20 mmHg
Wide pulse pressure:	Absent Present Not assessed
Ankle-brachial index ratio:	
Notes:	
Other tests	
Doppler ultrasound:	Assessed Not assessed
Results:	
Further imaging:	Assessed Not assessed
Results:	
Buerger's test:	Assessed Not assessed
Results:	
Other:	
Overall findings	
Additional notes	
Physician signature: 	Date: