

Ankle-Brachial Index / Risk Assessment Form

Patient Name Adams, Sam

ID Number 80421

Date _____

Risk Factors

- | | |
|---|--|
| <input checked="" type="checkbox"/> Tobacco Use | <input checked="" type="checkbox"/> Hypertension |
| <input checked="" type="checkbox"/> Diabetes | <input type="checkbox"/> Hyperlipidemia |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke/TIA |
| <input type="checkbox"/> Current Age <u>63</u> | <input type="checkbox"/> Previous Vasc |
| Surgery | |
| <input type="checkbox"/> Other _____ | |

Current Symptoms

- Intermittent Claudication
 Numbness, tingling in feet
 Ulcerations
 Other _____

ABI / Severity of Disease

- | | |
|-----------|------------|
| 0.90-1.30 | - Normal |
| 0.70-0.89 | - Mild |
| 0.40-0.69 | - Moderate |
| 0.00-0.39 | - Severe |

ABI Results

Right Arm

175 mmHg

Left Arm

154 mmHg

Left ABI

Left Ankle Pressure = 53 mmHg = .30
 Higher Arm Pressure 175 mmHg

Right Ankle

80 mmHg

Left Ankle

53 mmHg

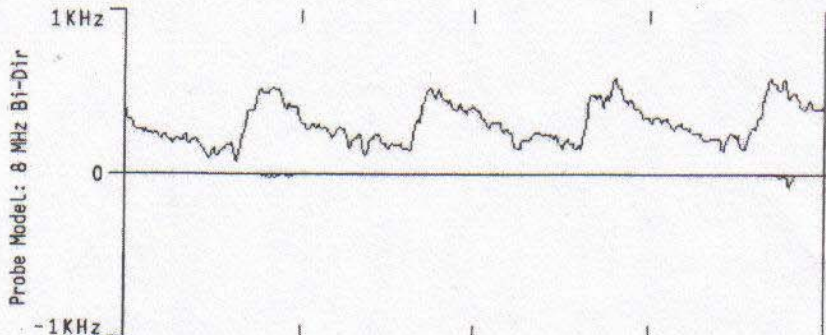
Right ABI

Right Ankle Pressure = 80 mmHg = .46
 Higher Arm Pressure 175 mmHg



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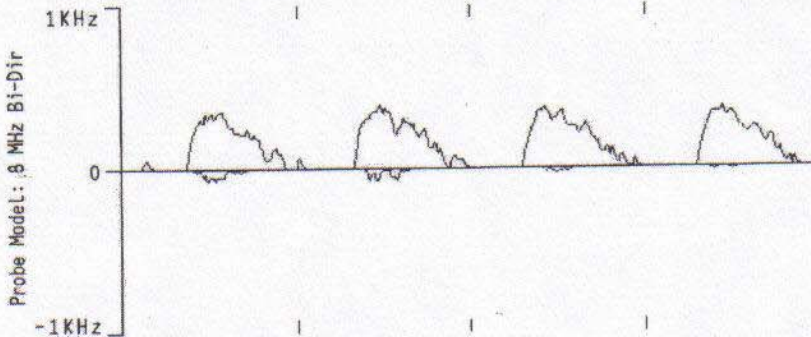
Patient Name:
 Patient ID:
 Date/Time:
 Notes:



- LEFT
 RIGHT
 PT
 DP
 BRACHIAL

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Patient Name:
 Patient ID:
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- LEFT
 RIGHT
 PT
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 BRACHIAL

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Severe ABI Values and Mono-Phasic Blood Flow
 Moderate to Severe PAD