

# Ankle-Brachial Index / Risk Assessment Form

Patient Name \_\_\_\_\_

ID Number \_\_\_\_\_

Date \_\_\_\_\_

## Risk Factors

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Tobacco Use | <input 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 _____      | <input type="checkbox"/> Previous Vasc  |
| Surgery   |   |
| <input type="checkbox"/> Other _____            |   |

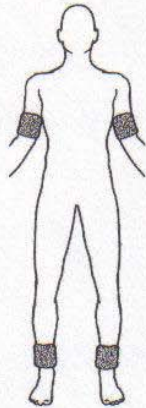
## Current Symptoms

- 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

132 mmHg

### Left Arm

128 mmHg

### Right ABI

Right Ankle Pressure = 129 mmHg = .98  
 Higher Arm Pressure 132 mmHg

### Right Ankle

129 mmHg

### Left Ankle

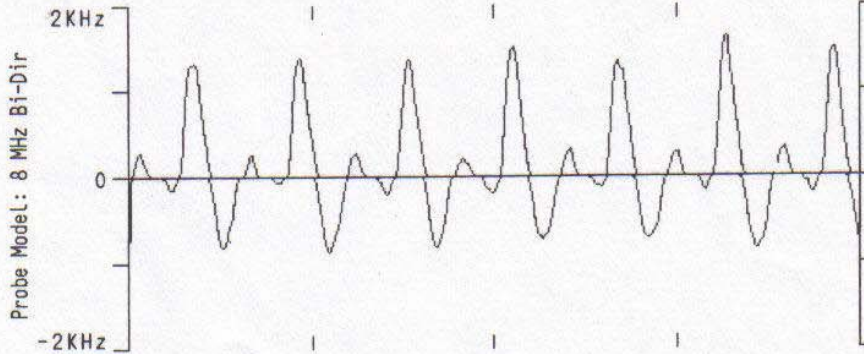
136 mmHg

### Left ABI

Left Ankle Pressure = 136 mmHg = 1.03  
 Higher Arm Pressure 132 mmHg

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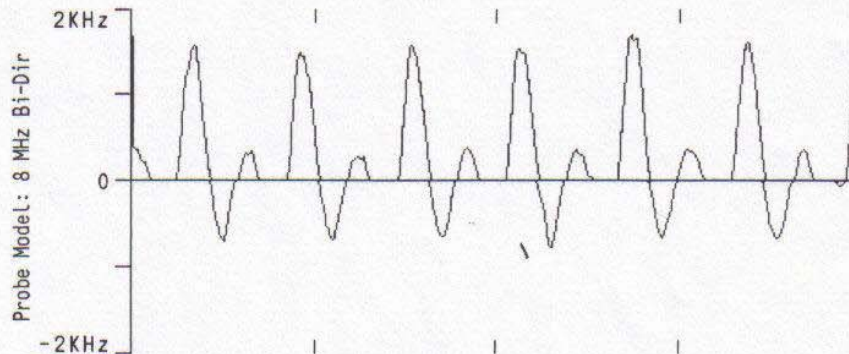
Patient Name:  
 Patient ID:  
 Date/Time:  
 Notes:



- LEFT  
 RIGHT  
 PT  
 DP  
 BRACHIAL

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



- LEFT  
 RIGHT  
 PT  
 DP  
 BRACHIAL

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Normal ABI Values and Tri-Phasic Blood Flow  
 No PAD