



650 East 4500 South, Suite 100
Salt Lake City, UT 84107
Phone: 801.281.0027
Fax: 801.262.1533

Peripheral Vascular Disease Evaluation

PATIENT: Name: _____ Today's Date: _____

Phone: _____ DOB: _____ Insurance: _____

To receive a copy of our evaluation please complete the following :

ORDERING Provider Name: _____ Phone: _____

Fax: _____ Facility Name or Address: _____

PROVIDER SIGNATURE: _____

Please check this box if you would like us to contact the patient to schedule the appointment

Check all Venous Symptoms:

- | | |
|--|--|
| <input type="checkbox"/> Varicose Veins [R – L] | <input type="checkbox"/> Restless Legs [R - L] |
| <input type="checkbox"/> Heaviness [R – L] | <input type="checkbox"/> Throbbing [R - L] |
| <input type="checkbox"/> Tiredness/Fatigue [R - L] | <input type="checkbox"/> Skin Ulcer [R - L] |
| <input type="checkbox"/> Aching/Pain [R - L] | <input type="checkbox"/> Swelling [R - L] |
| <input type="checkbox"/> Itching/Burning [R - L] | <input type="checkbox"/> Thrombosis. Location: _____ |

Check all Arterial Symptoms:

- | | |
|---|--|
| <input type="checkbox"/> Claudication [R – L] | <input type="checkbox"/> Non Healing Sores [R - L] |
| <input type="checkbox"/> Blisters [R – L] | <input type="checkbox"/> Numbness in Toes [R - L] |
| <input type="checkbox"/> Skin Discoloration [R - L] | <input type="checkbox"/> Heel/Leg Pain [R - L] |
| <input type="checkbox"/> Burning Feet [R - L] | <input type="checkbox"/> Numbness in Leg [R - L] |
| <input type="checkbox"/> Numbness in Feet [R - L] | <input type="checkbox"/> Ulcers [R - L] |

Please fax completed copy to 801.262.1533