



## PERIPHERAL ARTERY DISEASE REFERRAL FORM

STAT / URGENT / NON-URGENT

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**\*Please include with this referral: ID, Demographics, Insurance & Last Office Note**

PAD Risk Evaluation	Score
Have Diabetes?	7
Have any wounds or ulcers in foot or lower leg?	6
Have Neuropathy	4
Have High Cholesterol?	3
Are over 65 years?	6
Are over 50 years?	4
History of Smoking?	5
History of Lower Extremity Revascularization?	5
History of Hypertension?	4
History of resting leg pain or foot pain?	4
History of one foot ever colder than the other?	4
History of Heart Attack or Stent?	3
<b>Total Added Score:</b>	

***\*If a patient scores above 10, they may be at risk for PAD and should be referred for a peripheral vascular evaluation.***

### Additional Clinical History and Symptoms (Check all that apply)

\_\_\_\_ Coronary Artery Disease      \_\_\_\_ Pain in foot or leg at night which is relieved by sitting at side of bed or walking.  
\_\_\_\_ Stroke      \_\_\_\_ Pain when walking which is relieved at rest.  
\_\_\_\_ Cold feet      \_\_\_\_ Absent Foot Pulse

### Services Requested

\_\_\_\_ Peripheral Vascular Evaluation      \_\_\_\_ Arterial Duplex Evaluation of Extremities (L/R/Bilat)  
\_\_\_\_ Arterial Brachial Index/Total Brachial Index      \_\_\_\_ Possible Critical Limb Ischemia (CLI)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

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