

# Peripheral Artery Disease (PAD) Test

## Patient Information

Name:

Date of Birth:

Gender:

Medical Record Number:

## Reason for Evaluation

## Medical History

## Physical Examination

Bilateral Upper Extremity Pulses:

Lower Extremity Pulses:

Skin Changes:

Acute Arterial Insufficiency:

## PAD Test Procedure

### 1. Preparation

## 2. Blood Pressure Measurement

Obtained baseline blood pressure readings in both arms:

a. Right Arm:

b. Left Arm:

## 3. Ankle-Brachial Index (ABI) Test

*Applied blood pressure cuffs to both upper arms and ankles.*

Used a handheld Doppler ultrasound device to obtain systolic blood pressure measurements:

a. Right Ankle:

b. Left Ankle:

Calculated ABI:

a. Right ABI:

b. Left ABI:

Interpretation:

## 4. Documentation

## Follow-Up and Management