

NEVADA HEART AND VASCULAR CENTER

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VASCULAR/NEUROPATHY WORK SHEET

Patient name: _____
Date of Birth: _____ Insurance: _____
Physician: _____ Date Of Service: _____

Please answer the following questions:

1. Do you experience pain in your legs/feet when walking? ____ Yes ____ No
If yes, where does it hurt? ____ thighs ____ knees ____ calves ____ feet
2. Is the pain in your legs/feet relieved by rest? ____ Yes ____ No
3. Do cuts in your arms/legs or hands/feet take a long time to heal? ____ Yes ____ No
4. Have you noticed that less hair grows below your knees than above it? ____ Yes ____ No
5. Do you have or have you had ulcers on your feet? ____ Yes ____ No
6. Have you noticed that your feet feel cold even when the temperature is warm? ____ Yes ____ No
7. Do you suffer from numbness, tingling or burning in your legs or arms? ____ Yes ____ No
If yes, where? ____ arms ____ hands ____ buttocks ____ legs ____ feet

Office Use Only

Provider answer key:

1. Pain that increased when exercising m/p PAD – suggest LEA/LEV
2. Hips, Knees – Osteoarthritis Calves – LEA/LEV Feet – NCS/LEA/LEV
3. LEA/LEV
4. NCS/LEA/LEV
5. NCS/LEA/LEV
6. LEA/LEV
7. NCS