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
Total Added Score:	0

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

Services Requested

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

Provider Signature: _____ Date: _____
Print Name: _____

5683 S Rex Road
Memphis, TN 38119

1720 East Reelfoot Avenue
Union City, TN 38261

8990 Germantown Road
Olive Branch, MS 38654

5740 Getwell Road, Building 9, Suite B.
Southaven, MS 38673

Procedures Only
221 Main Street
Fulton, KY 42041

To refer to any location, please call 662-775-0114 or fax this form to 662-775-0666