

# PAD Referral Form



Vascular Center

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Referred to: Osmany DeAngelo, D.O.

Referred by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check one:  Needs immediate attention  Schedule an appointment Fax #: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

## PAD Evaluation

Risk Factors: (circle one each)			Symptoms: (circle all that apply)				
Diabetes	Y	N	Numbness	Hands	Legs	Feet	N/A
High blood pressure	Y	N	Tingling	Hands	Legs	Feet	N/A
High cholesterol	Y	N	Loss or change of hair pattern		Legs	Feet	N/A
History of heart attack	Y	N	Cramps when walking		Legs	Feet	N/A
History of stroke	Y	N	– Do cramps go away with rest?	Y	N		
			Pain	Hands	Legs	Feet	N/A
			Wounds and/or ulcers present		Legs	Feet	N/A

## Recommendation

- Preliminary PAD evaluation
- Ankle-Brachial Index (ABI) and PVRs
- Other, please specify: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_