



# CardioRisk Laboratories

At the Heart of Good Health

♥ DETECT  
♥ ASSESS  
♥ PREVENT

## Lower Extremity Physiologic Study

(Ankle Brachial Index Assessment Form)

Patient Name: Sample, Patient

DOB: 1/23/1954

Exam Date: 7/27/2019

Physician Name: Sample Doctor

### Risk Factors

- |   |  |
|---|--|
| <input type="checkbox"/> Tobacco Use        | <input type="checkbox"/> Hypertension            |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Hyperlipidemia          |
| <input type="checkbox"/> Heart Disease      | <input type="checkbox"/> Stroke / TA             |
| <input type="checkbox"/> Current Age: _____ | <input type="checkbox"/> Previous Vasc Surgery   |
| <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Previous Breast Surgery |

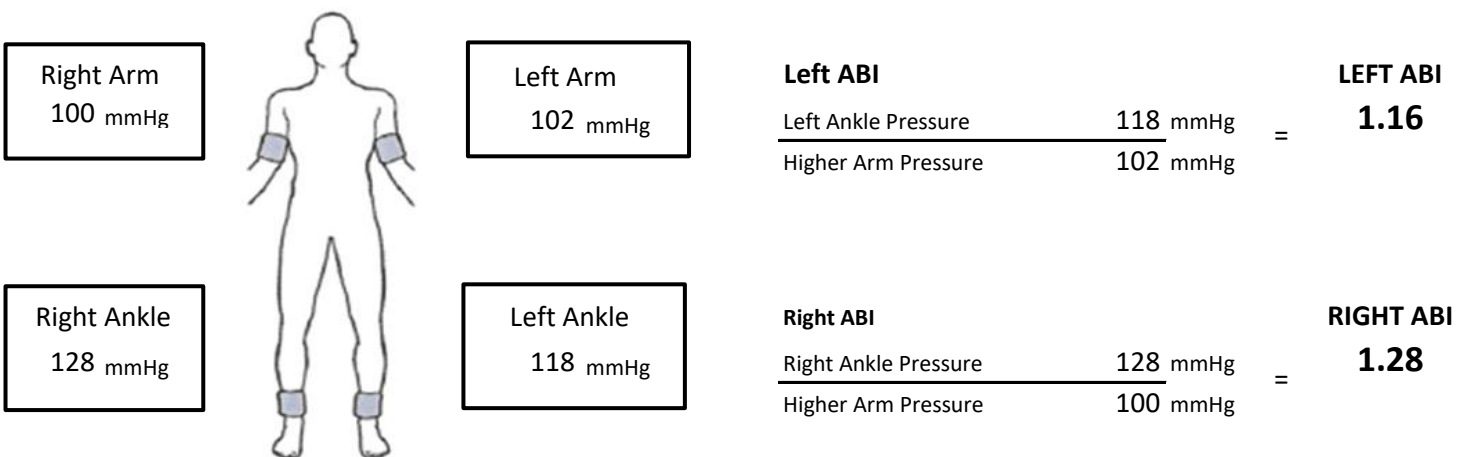
### Current Symptoms

- |   |
|---|
| <input type="checkbox"/> Intermittent Claudication  |
| <input type="checkbox"/> Numbness, tingling in feet |
| <input type="checkbox"/> Ulcerations                |
| <input type="checkbox"/> Other: _____               |

### ABI / Severity of Disease

0.90 - 1.30 = Normal  
0.70 - 0.89 = Mild  
0.40 - 0.69 = Moderate  
0.00 - 0.39 = Severe

### ABI Results



Early Detection of Cardio-Vascular Disease..."before it's too late"

9677 S 700 E, Suite A, Sandy, UT 84070 Toll Free: 888.724.7484 Fax: 801.858.4512 [www.cardiorisk.us](http://www.cardiorisk.us)

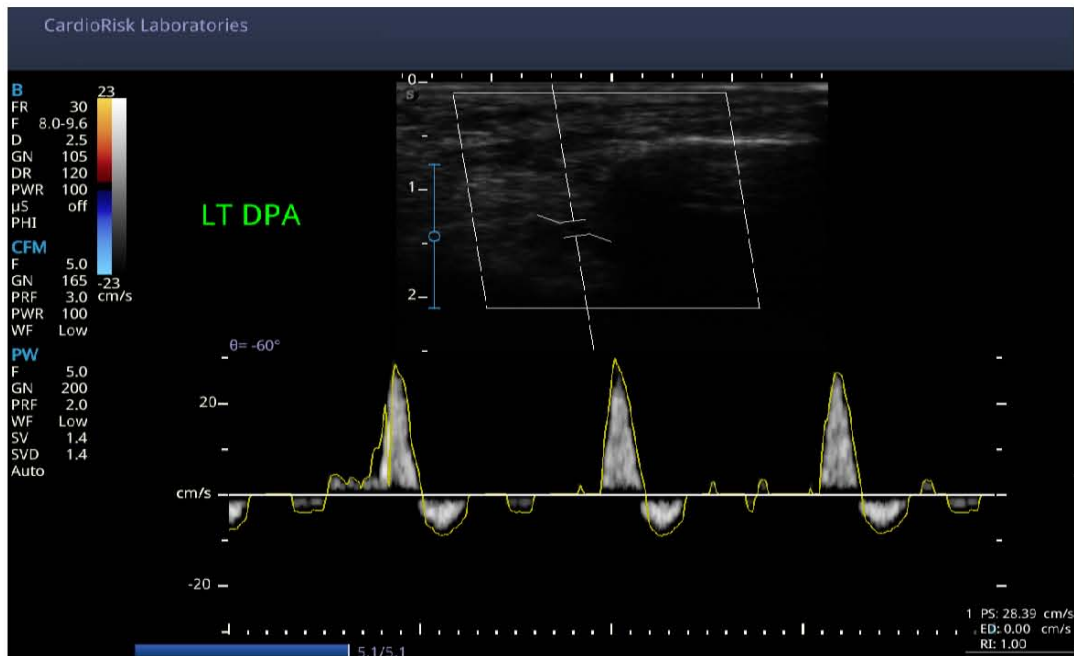
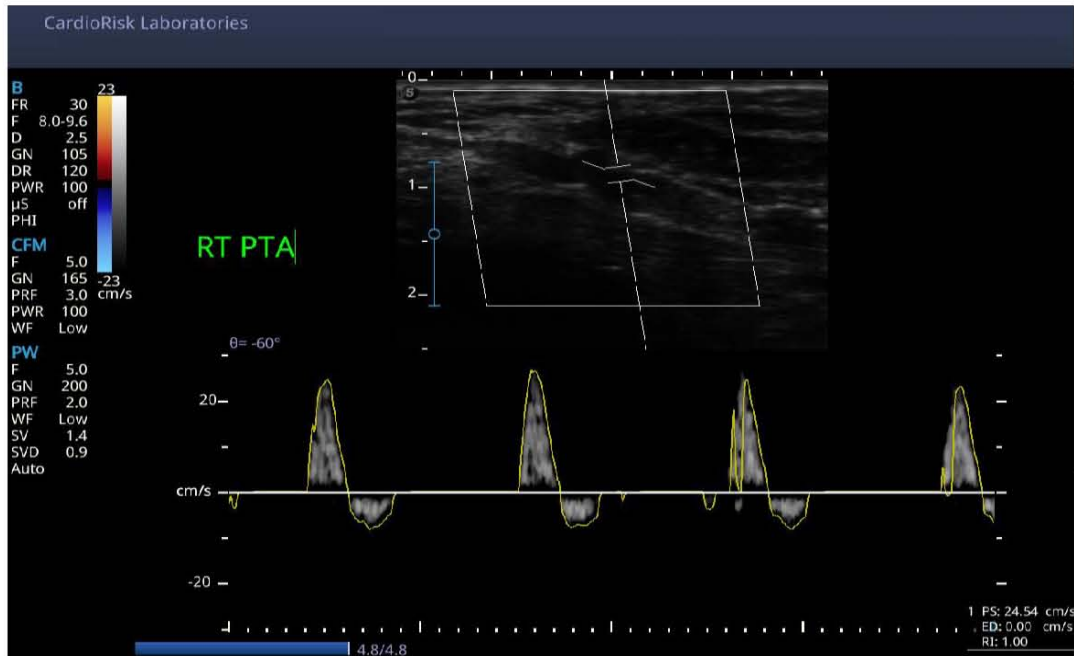




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