## Lower Extremity Physiologic Study, Single Level
(Angle Brachial Index Assessment Form)

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>ID Number</th>
<th>Date</th>
</tr>
</thead>
</table>

### Risk Factors
- [ ] Tobacco Use
- [ ] Diabetes
- [ ] Heart Disease
- [ ] Current Age _______
- [ ] Previous Vasc Surgery
- [ ] Other ________________________

### Current Symptoms
- [ ] Intermittent Claudication
- [ ] Numbness, tingling in feet
- [ ] Ulcerations
- [ ] Other ________________________

### ABI Results

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Arm</td>
<td>______ mmHg</td>
</tr>
<tr>
<td>Left Arm</td>
<td>______ mmHg</td>
</tr>
<tr>
<td>Right Ankle</td>
<td>______ mmHg</td>
</tr>
<tr>
<td>Left Ankle</td>
<td>______ mmHg</td>
</tr>
</tbody>
</table>

### ABI / Severity of Disease
- 0.90-1.30 - Normal
- 0.70-0.89 - Mild
- 0.40-0.69 - Moderate
- 0.00-0.39 - Severe

### PEEL AND STRIP WAVEFORM

- LEFT
- RIGHT
- PT
- DP
- BRACHIAL

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