

FORM FOR RECORDING ANKLE BLOOD PRESSURE MEASUREMENTS:

ID _____ ID NAME _____
(1-4)

DATE _____ DATE OF EXAM (mm/dd/yy)
(5-10)

SITE _____ SITE (1=HEART CLINIC 2=NURSING HOME 3=HOME 4=OTHER)
(11)

EXAMINER NUMBER _____ EXAMINER NUMBER
(12-13)

SYSTOLIC BLOOD PRESSURES BY DOPPLER (to be taken in the following order with the subject supine after 5 minutes of rest)

RIGHT ARM R-ARM _____
(14-16)

CUFF SIZE C-SIZE _____
(17)
0=standard adult
1=large adult
2=small adult

LEFT ARM L-ARM _____
(18-20)

IF DORSALIS PEDIS USED:

RIGHT ANKLE R-ANKLE _____
(21-23)

RIGHT ANKLE R-AN-DP _____
(24-26)

LEFT ANKLE L-ANKLE _____
(27-29)

LEFT ANKLE L-AN-DP _____
(30-32)

REPEAT SYSTOLIC BLOOD PRESSURE MEASUREMENTS (note reverse order):

LEFT ANKLE L-AN-REP _____
(33-35)

RIGHT ANKLE R-AN-REP _____
(36-38)

LEFT ARM L-AR-REP _____
(39-41)

RIGHT ARM R-AR-REP _____
(42-44)

LOWER EXTREMITY EXCLUSIONS: RIGHT LEFT
0=none RLE-EXCL LLE-EXCL
1=venous stasis ulceration (45) (46)
2=amputation
3=other _____

UPPER EXTREMITY EXCLUSIONS RU-E-EXCL LU-E-EXCL
0=none 1=mastectomy (47) (48)
2=OTHER _____