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Arteries, Veins, and Miscellaneous Examination
Comprehensive Version

Name: _____ SSN: _____

Date of Exam: _____ C-number: _____

Place of Exam: _____

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

1. For **all conditions**, comment on:
 - a. Course, including onset of disorder and any injury or surgery (type and when carried out). Past treatment.
 - b. Current treatment - type, effectiveness, side effects.
 - c. Symptoms.
 - d. If surgery has been done, report effectiveness and any residual or recurrent symptoms.
2. For **aortic aneurysm, aneurysm of any large artery, aneurysm of any small artery, arteriovenous fistula, arteriosclerosis obliterans and thromboangiitis obliterans**, additionally comment on:
 - a. If lower extremities are affected, is there claudication, and, if so, after how many yards of walking on level ground at 2 miles per hour does it develop?
 - b. Is there pain at rest?
 - c. For aortic aneurysm, is exercise and exertion precluded by the condition?
3. For **Raynaud's phenomenon, angioneurotic edema, and erythromelalgia**, additionally comment on:
 - a. Describe a characteristic attack.
 - b. Record the frequency, duration, and severity of characteristic attacks.
 - c. State each part of the body that is affected. For angioneurotic edema, state whether laryngeal edema occurs and how frequently.
4. For **Varicose veins and Post-phlebotic syndrome of any etiology**, additionally comment on:
 - a. Any history of ulcers and aching, fatigue, or abnormal sensations in the leg at rest or after prolonged standing or walking.
 - b. Are symptoms relieved by elevation of the extremity, compression hosiery, or other measures? If there is a history of edema, is it relieved completely, partially, or not at all, by elevation of the extremity?

5. For **soft tissue sarcoma or other malignant neoplasms of vascular origin:**
 - a. Record date of diagnosis and pathologic diagnosis.
 - b. Record type and dates of treatment. If treatment has been completed, state date of last treatment.
 - c. If treatment has been completed, describe residual or recurrent symptoms.

C. Physical Examination (Objective Findings):

1. For **aortic aneurysm, aneurysm of any large artery, aneurysm of any small artery, or arteriovenous fistula:**
 - a. State diameter of aneurysm, cardiac status, including heart size and rate. For arteriovenous fistula, state pulse pressure and whether there is evidence of high output failure.
 - b. If extremities are affected, describe temperature and color, pulses, trophic changes, ulcers (deep or superficial?), edema, dermatitis, cellulitis.
 - c. If lower extremities are affected, record ankle/brachial index (using Doppler).
 - d. If surgery has been carried out, describe residual findings, using appropriate worksheet for the affected body system or organ.
2. For **arteriosclerosis obliterans and thromboangiitis obliterans:**
 - a. Describe each affected extremity separately.
 - b. Record ankle/brachial index (using Doppler).
 - c. Describe temperature and color of extremities, pulses, trophic changes, ulcers (deep or superficial?).
 - d. If surgery has been carried out, describe any residuals or side effects of surgery.
3. For **Raynaud's phenomenon, angioneurotic edema, and erythromelalgia:**

Describe ulcers, autoamputations, and any other current findings.
4. For **Varicose veins and Post-phlebotic syndrome of any etiology:**
 - a. Describe any visible or palpable varicose veins.
 - b. Describe extent of any ulcers, edema, stasis pigmentation, and eczema. If edema is present, is it boardlike? Is it massive? Is it persistent?
 - c. Describe each affected extremity separately.
5. For **soft tissue sarcoma or other malignant neoplasms of vascular origin:**

Describe all current findings, whether pre- or post- treatment, including any residuals of treatment. Use other worksheets, if necessary, specific to the affected body system or organs.

D. Diagnostic and Clinical Tests:

1. Imaging studies, Doppler vascular studies, angiogram, etc., as appropriate, and if indicated.

2. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

1. List all diagnoses.
2. For each condition diagnosed, describe effects on veteran's usual occupation and daily activities.

Signature:

Date: