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-phlebitic 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-phlebitic 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: