DOPPLER (ABPI) ASSESSMENT RECORDING FORM **DATE :**_____

PATIENT NAME **CHI**_____

SYSTOLIC PRESSURE	LEFT	TRI,BI OR MONOPHASIC SOUND OR MESI WAVEFORM	RIGHT	TRI,BI OR MONOPHASIC SOUND OR MESI WAVEFORM
BRACHIAL				
DORSALIS PEDIS				
POSTERIOR TIBIA				
OTHER (STATE)				
HIGHEST PEDAL				
Divided by HIGHEST BRACHIAL				
= ABPI				

AETIOLOGY	TICK
Venous	
Arterial	
Mixed	

PROBE SIZE USED	TICK
5 MHz	
8 MHz	

CUFF SIZE	TICK
Standard Adult	
Large Adult	
Small	

PATIENT POSITION- supine, semi-supine, other	
GENERAL COMMENTS eg compliance,tolerance	

CLINICIAN NAME AND SIGNATURE	