



Cardiac & Vascular

INTERVENTIONAL GROUP

The CVI Group

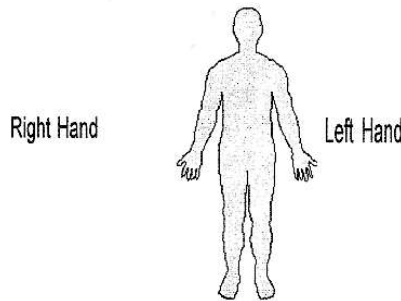
Peripheral Vascular Questionnaire

Name _____ Date _____

Peripheral Vascular Disease is a common circulation problem in which the blood vessels, which carry blood to the legs and/or arms, become narrowed or clogged. Please fill out the questionnaire to help us identify if you have symptoms of Peripheral Vascular Disease. Circle Yes or No to the following questions:

1. Do you experience aching, cramping or pain in your arms, legs, thighs or buttocks when you walk or exercise? Yes No

If you answered "yes" to question number 1, circle the area of the body on the diagram below where you feel pain:



2. If you answered "yes" to question number 1, Does the pain go away with rest?..... Yes No

3. Do you have numbness and tingling in the arms or lower legs And feet? Yes No

4. Are your fingers or toes pale, discolored, or bluish?..... Yes No

5. Are your hands or feet cold to the touch? Yes No

6. Do you have open sores or ulcers on your legs or feet that Won't heal? Yes No

7. Do you exercise on a regular basis?..... Yes No

If not, what keeps you from exercising? _____

8. Do you have a family history of diabetes or cardiovascular problems (Immediate family: parent, sister, brother)? Yes No

9. Have you had any previous surgeries and/or angioplasty on the arteries in your legs, arms, kidneys, or brain?..... Yes No

If yes, describe the procedure; where and when it was performed: _____

* If you answered "YES" to more than 3 of these questions, consider calling for an appointment.

COMPLETE BOTH SIDES

Dr. G. Mark Jenkins • Dr. Luis A. Bowen • GeTonya Dickerson, NP

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Name: _____ Phone: _____

1. What is your gender? (Circle one)

Female

Male

2. What is your age? _____ years old

3. What is your race? (select one)

African-American/Black

Caucasian/White

Latino

Other (specify) _____

4. Is your health....? Circle one

Excellent

Good

Fair

Poor

Very Poor

5. Have you seen a doctor for a visit in the last year?

Yes

No

6. Which of the following risk factors related to heart disease do you think you have? (select all that apply)

High blood pressure (hypertension)

High blood sugar level (diabetes)

High cholesterol level

Lack of exercise or obesity

Eating mostly packaged, high salt and high fat food

Smoking

Family history

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