

VASCULAR QUESTIONNAIRE

*Patient Instructions: Please read the **entire** form and fill in the blank or circle the correct answer.*

GENERAL

What is your Primary Care/Internal Medicine doctor's name? _____
 What other doctors do you see? _____
 Cardiologist? _____
 When was the last time you had a general physical examination? _____
 Do you think that you eat properly? Yes No
 Do you get enough exercise? Yes No
 How would you describe your general health? Excellent Good Fair Poor

ARTERIAL PROBLEMS

Certain "risk factors" put you at increased risk for developing arteriosclerosis (hardening of the arteries) which is the main cause of heart attacks, strokes and amputations. As a result you may not heal your foot surgery or you may develop complications from your present condition. That is why we ask the following questions.

Risk Factors:

Do you now or have you ever smoked **tobacco**? Yes No
 At what age did you start? _____
 At what age did you quit? _____
 How much do you smoke now? _____
 Do you have **high blood pressure**? Yes No
 How old were you when it was first diagnosed? _____
 Have you ever had a major or minor stroke? Yes No
 If so, please comment _____
 Please list your blood pressure medications, doses and frequency: _____

 Have you ever had heart trouble? Yes No
 Type of heart trouble? heart attack abnormal rhythm heart failure
 Date? _____
 Do you have a pacemaker? Yes No
 Please list hospitalizations for the heart problems, including dates: _____

 Please list your heart medications, doses and frequency: _____

 Do you take medications to fight **cholesterol**? Yes No
 Please list your cholesterol medications, doses and frequency: _____

 Do you take blood thinners? .. Yes No What kind? ..Aspirin Plavix Coumadin Other: _____
 Why do you take blood thinners? _____
 What is the most you have ever weighed? _____ What do you weight now? _____
 What did you weigh when you were married? _____
 Do you think of yourself as underweight, overweight, or about normal? _____
 Have you ever been told that you have trouble with your circulation? Yes No
 Do you get cramps or fatigue in your legs when you walk? Yes No
 Right leg Left leg Both legs
 Do your feet hurt at night? Yes No
 Have you ever had any sores or ulcers on your feet, legs, or toes? Yes No
 Have you ever been treated or operated upon for circulation problems? ... Yes No

VENOUS PROBLEMS

Although varicose veins usually don't interfere with foot problems, other diseases of the veins may put you at risk for developing ulcers or blood clots. The answers to these questions will help your doctor as he cares for your foot problems.

Do you have varicose veins?	Yes	No
Who in your family has varicose veins?		
Do you have swelling of your ankles?	Yes	No
Does the swelling go away at night or does it continue?		
How long have you had the swelling?		
What do you do about it? Take diuretics (water pills)		Use elastic compression stockings
Other:		
Have you ever had a "blood clot" in your leg(s)?	Yes	No
If so, were you given blood thinners?	Yes	No
Were you put in the hospital?	Yes	No
Did it happen after a pregnancy or operation?	Yes	No
Have you ever had an ulcer on your ankle?	Yes	No
Have you ever bled from a varicose vein?	Yes	No
Do you have any discoloration of your ankles?	Yes	No
If so, when did it begin?		
Have you ever had a "blood clot" to the lung or heart?	Yes	No
How long were you treated for it?		
Do you have any "bleeding or clotting tendencies"?	Yes	No

DIABETES

Diabetes is a growing health care problem in America and poses special problems for Podiatry patients. By knowing more about your Diabetes your doctor can take better care of your feet and help you to take better care of yourself.

Do you have diabetes ("sugar")?	Yes	No
How old were you when you were diagnosed with diabetes?		
How often do you (or someone) check your blood sugar?		
Every day More than once a day Other:		
What do your morning blood sugars measure?		
Do you take pills to control your blood sugar?	Yes	No
Do you take insulin to control your blood sugar?	Yes	No
Do you know what an HGBA1c is?	Yes	No
Do you know what your HBBA1c is?	Yes	No
Who in your family has diabetes?		
Have they ever had a major health care problem because of their diabetes?	Yes	No
If so, what kind of problem?		
Have you ever had any trouble with your vision?	Yes	No
Have you ever had laser treatment for your eyes?	Yes	No
Do you have any trouble with your kidneys?	Yes	No
Do you have any numbness, tingling, or burning of your feet? ...	Yes	No

AND FINALLY... Is there anything else you would like to tell me about your health?

Patient Signature

Date

Thank you for answering these questions. Working together, we can provide you with quality care.