Lifetime Heart & Vascular

Faisal Bahadur, MD
Gautam Kedia, MD
Bashar Markabawi, MD, FACC

VASCULAR ASSESSMENT

Patient Self-Assessment
Please take this self-assessment to see if you might be a candidate for additional screening for potential chronic venous insufficiency or peripheral arterial disease.

History

Have you ever had varicose veins?	○ Yes	○ No
Have you ever had blood "circulation" problems?	○ Yes	○ No

Signs and Symptoms
*Do you experience any of the following signs and symptoms in your **legs or ankles**?*

Leg pain, aching or cramping?	○ Yes	○ No
Leg pain in either your hips, thighs, or calves, when you walk?	○ Yes	○ No
Leg or ankle swelling, especially at the end of the day?	○ Yes	○ No
"Heaviness" in your legs?	○ Yes	○ No
Restless legs?	○ Yes	○ No
Skin discoloration, texture changes or hair loss in your *legs*?	○ Yes	○ No
Do you have open wounds or sores in your *legs*?	○ Yes	○ No

Risk Factors; please circle:

Diabetes	High blood pressure
Smoking or tobacco use	High cholesterol
History of heart disease	History of stroke

Print Patient Name: ______________________ Date: ____________