

# NORTHERN VIRGINIA CARDIOLOGY ASSOCIATES

## Patient History Questionnaire

Name: ----- Date: ----- Age: -----

*Please help us find out about your condition by filling out these risk factor questions for Peripheral Arterial Disease or PAD. Please check the appropriate box or boxes.*

- Diabetes
- Smoker
- High Blood Pressure
- High Cholesterol
- Leg cramps when you walk that go away when you rest
- Sores on toes or feet (ulcers)
- Cold or numb toes
- Leg pain at rest
- Abdominal Aortic Aneurysm (AAA)
- History of peripheral vascular disease
- You are a man between the ages of 65 and 75 who has ever smoked; or had a family member who had an Abdominal Aortic Aneurysm (AAA)

*★ If so, please ask your cardiologist today about screening for Abdominal Aortic Aneurysms (AAA).*

- NONE OF THE ABOVE APPLY