

Texas Vein Health Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### TVH VASCULAR DISEASE PREVENTION SCREENING PROGRAM

At Texas Vein Health, we believe that preventive medicine and disease screening is of utmost importance in maintaining your health because detecting disease at its earliest possible stage allows effective treatments to be initiated promptly. As part of our ongoing effort to enhance the early detection of potentially devastating diseases, we would like to ask you a few questions that would help us better determine whether or not you would benefit from additional preventive measures or disease screenings. Please take the time to answer the following by circling “Yes” or “No”:

<b><u>Abdominal Aortic Aneurysm Screening:</u></b>	<b><u>Abdominal Duplex</u></b>		
1. Are you 65 or older with a family history of abdominal aortic aneurysms?	Yes	No	V17.4 / Z82.49
2. Are you a man, aged 65-75 who has smoked > 100 cigarettes in your lifetime?	Yes	No	V15.82 / Z87.891
3. Have you ever felt a pulsating lump in your abdomen?	Yes	No	789.30 / R19.00
4. Do you have a known abdominal aortic aneurysm but have not had an abdominal ultrasound in the past 6 months?	Yes	No	441.4 / I71.4

<b><u>Carotid Artery Disease Screening:</u></b>	<b><u>Carotid Duplex: R, L, B</u></b>		
1. Have you previously been diagnosed as having blockage in your neck arteries?	Yes	No	433.10 / I65.29
2. Have you ever had surgery or stents for blockage in your neck arteries?	Yes	No	433.10 / I65.29
3. Do you ever experience weakness in the arm or leg on one side of your body?	Yes	No	342.9 / G81.90
4. Do you ever experience slurred speech?	Yes	No	784.4 / R49.9
5. Do you ever experience episodes where you lose vision in one or both eyes?	Yes	No	368.12 / H53.129
6. Have you had recent blurred vision, double vision, or see dots, lines or spots that come and go?	Yes	No	368.10 / H53.10
7. Do you ever experience the sensation that you are about to faint or have you fainted recently?	Yes	No	780.2 / R55
8. Do you feel “pins and needles”, numbness, tingling or loss of sensation on your face, arms or legs?	Yes	No	782.0 / R20.9
9. Are you unsteady when you walk or feel uncoordinated at times?	Yes	No	781.2 / R26.81



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<b><u>Peripheral Artery Disease Screening:</u></b>	<b><u>ABI w &amp; w/o Exercise w/ Segmentals</u></b>		
	Yes	No	
1. Do you experience aching, cramping or pain in your legs, thighs or buttocks when you walk or exercise that stops when you rest?			443.9 / I73.9
2. Do your toes appear pale, discolored or bluish?			440.20 / I70.209
3. Do you have sores on your feet that don't heal?			707.10 / L97.901
4. Do you experience pain in your feet at rest that improves when you dangle your feet off of the bed or a chair?			440.22 / I70.229

<b><u>Venous Disease Screening:</u></b>	<b><u>Venous Duplex: R, L, B</u></b>		
	Yes	No	
1. Do you experience swelling in your legs, ankles or feet?			729.81 / M79.89
2. Do you experience pain, aching or heaviness in your legs?			729.5 / M79.609
3. Do you experience redness or warmth in your legs?			451.0 / I80.00
4. Do you have any localized swelling, masses or lumps in your legs?			782.2 / R22.40
5. Do you have bulging varicose veins?			454.9 / I83.90
6. Have you had a previous blood clot in your leg?			453.40 / I82.409
7. If you answered yes to #6, have you developed new swelling or have you had persistent swelling in your leg since the clot was detected?			459.1 / I87.009