VASCULAR INSTITUTE OF ATLANTA

Patient Information

Last Name | First Name | Initial | Date of Birth

Street | City | State | Zip Code

Primary Physician | Referring Physician | Cardiologist

Other Specialist

Current or Former Patient? Yes No

Primary Insurance | Policy #

Secondary Insurance | Policy #

Home Phone | Cell Phone | Email

Preferred method of Contact: Cell phone Home phone Email

IN CASE OF AN EMERGENCY CONTACT:

Phone #:

WHY ARE YOU REQUESTING AN APPOINTMENT?

Aneurysm | Carotid Stenosis | Circulation Problems ("PAD") | Varicose Veins | Leg Swelling

Leg Pain | Leg Ulcer | Full Vascular Evaluation | Follow Up Visit | Other

HOW DID YOU HEAR ABOUT US?

Please bring any studies you have had (CT scan, MRI, Angiogram, Doppler) with you.
It is important to see the pictures as well as the report Please bring a disc with the actual study if possible.
Also, any notes of prior vascular operations would be helpful if available.

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SOCIAL HISTORY:

Do you Smoke? Yes ☐ No ☐

How long?

How many cigarettes per day?

Have you ever smoked? Yes/No

Do you drink Alcohol? Yes ☐ No ☐

What type?

How often?

Do you use drugs? Yes ☐ No ☐

Do you Work? Yes ☐ No ☐

What is your job?

Retired?

Disability?

MEDICAL HISTORY: Please select any of the following conditions you have or had in the past, even if controlled with medication.

- ☐ Diabetes
- ☐ High Blood Pressure
- ☐ Heart Attack
- ☐ Heart Surgery
- ☐ Heart Stent
- ☐ Heart Failure
- ☐ COPD
- ☐ Stroke
- ☐ TIA ("ministroke")
- ☐ Kidney Disease
- ☐ Bleeding Problems
- ☐ Blood Clots
- ☐ Previous Vascular Surgery (list with dates):

MEDICATIONS: Please select medications you take & list any others. Enter dose if known.

X	MEDICATION	DOSE, IF KNOWN
	Aspirin	
	Plavix (Clopidogrel)	
	CIlostazol (Pletal)	
	Pentoxyfilline (Trental)	
	Lipitor	
	Other cholesterol drug:	
	Beta Blocker (Toprol, Inderol, Metoprolol, Atenolol, Carvedilol)	
	Cardizem	
	Cozaar	
	Hyzaar	
	Clonidine	
	Diovan	
	Lisinopri	
	Losartan	
	Procardia	
	Other blood pressure medication:	
	Metformin	
	Insulin	
	Other diabetes medication:	
	Coumadin	
	Xarelto	
	Eliquis	

OTHER MEDICATIONS: Please list below (Including supplements, vitamins)

LIST ALLERGIES: ☐ None

Please list any known allergies below:

FAMILY HISTORY: Select all that apply.

- ☐ Heart Attack
- ☐ Heart failure
- ☐ Stroke
- ☐ High Blood Pressure
- ☐ Aneurysm
- ☐ Diabetes
- ☐ Circulation Problems
- ☐ Bleeding
- ☐ Blood Clots
- ☐ Varicose vein
- ☐ Other:

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Patient History

Please check/circle if you are experiencing or have experienced the following symptoms.

Review of Symptoms

General
- ___ Weakness
- ___ Lack of appetite
- ___ Weight Loss

Eyes
- ___ Decreased ability to see
- ___ Loss of vision

Skin
- ___ Change in skin color or temperature
- ___ Nail changes
- ___ Skin ulcers

Respiratory (Lung or breathing problems)
- ___ Asthma
- ___ Shortness of breath at rest
- ___ Shortness of breath with exertion

Cardiovascular (Heart problems)
- ___ Chest pain/tightness/ squeezing
- ___ Need to sit up to breathe
- ___ Irregular heart beat (palpitations)
- ___ Swelling of the legs
- ___ Varicose Veins
- ___ Leg pain at rest
- ___ Leg pain with exertion
- ___ Blue/purple discoloration of hands/feet

Gastrointestinal (GI or abdominal problems)
- ___ Nausea
- ___ Vomiting
- ___ Diarrhea
- ___ Abdominal pain
- ___ Abdominal pain after eating
- ___ Blood in stools

Genito-urinary System (Urination problems)
- ___ Pain or burning on urination
- ___ Frequent urination
- ___ Unusually large volumes of urine
- ___ Extreme urge to urinate

Endocrine
- ___ Heat intolerance
- ___ Cold intolerance
- ___ Increased thirst

Musculoskeletal (Bone, joint or muscle problems)
- ___ Neck Pain
- ___ Right Shoulder or arm pain
- ___ Left Shoulder or arm pain
- ___ Back pain
- ___ Pain down your legs
- ___ Right leg pain
- ___ Left leg pain
- ___ Painful joints
- ___ Deformities of the joints or extremities

Neurologic (Brain or nerve problems)
- ___ Headaches
- ___ Blackouts
- ___ Dizziness
- ___ Double vision
- ___ Numbness or tingling of the extremities
- ___ Paralysis or weakness of limbs
- ___ Loss of sensation
- ___ Loss of balance or coordination
- ___ Problems speaking

Psychiatric (Mental health)
- ___ Depression
- ___ Anxiety

___