



# ATLANTA HEART SPECIALISTS, LLC

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## Vascular Disease Patient Questionnaire

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

- Yes No 1. Do you smoke or have a history of smoking?  
Yes No 2. Do you have diabetes or have a family history of diabetes?  
Yes No 3. Do you have high cholesterol?  
Yes No 4. Do you have high blood pressure / hypertension?

### CEREBRAL VASCULAR *Have you experienced:*

- Yes No 5. Any changes in your vision such as a loss of vision in one or both eyes for a period of time?  
Yes No 6. Sudden weakness / numbness on one side of your body?  
Yes No 7. Lose the ability to talk or write, or your speech was garbled / slurred?  
Yes No 8. Recurrent lightheadedness, or near fainting with head motion, migraine headache, dizziness?  
Yes No 9. Mini-stroke or TIA?

### PERIPHERAL VASCULAR

- Yes No 10. Do you have a foot, calf, buttock, hip or thigh discomfort (aching, burning, fatigue, tingling, cramping or pain) when you walk which is relieved by rest?  
Yes No 11. Do you have any pain in your feet at night that is only improved with standing?  
Yes No 12. Are your feet always cold?  
Yes No 13. Is your feet bright red in color, or pale, discolored or bluish?  
Yes No 14. Do you have any ulcers / sores, or wounds on your feet / toes that difficult to heal?  
Yes No 15. Have you needed or had surgery to improve leg circulation?  
Yes No 16. Have you had any leg circulation tests done recently?

### ANEURYSMAL DISEASE

- Yes No 17. Do you have a known Aneurysm?  
Yes No 18. Has anyone in your family ever been diagnosed as having an aneurysm?  
Yes No 19. Do you have a pulsing feeling in your abdomen similar to a heartbeat?

### VENOUS DISEASE

- Yes No 20. Do you have leg swelling/edema?  
Yes No 21. Do you have varicose veins?  
Yes No 22. Do your legs feel heavy, tired, achy, tender, warm, and burning?  
Yes No 23. Have you ever had an open sore between your knee and ankle that took a long time to heal?

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Patient Signature \_\_\_\_\_