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LEG ARTERIES (PAD) QUESTIONNAIRE

PATIENT NAME: _____ DATE _____

1. Do you get weakness in your legs or hips when you walk? Yes No If Yes R L Both

2. How far can you walk before problems begin? _____

3. How far can you walk before you have to stop? _____ What stops you? _____

4. Pain in hips or legs when walking? Yes No If Yes R L Both

What is the order in which you first get symptoms? (Hips, Thighs or Calves)

1st _____ R _____ or L _____

2nd _____ R _____ or L _____

3rd _____ R _____ or L _____

5. Do your feet turn red when they hang down? Yes No

If so, how long has this been happening? _____

6. Do your legs hurt only when you walk? Yes No

7. Do your legs hurt at night? Yes No If Yes, what year or month did this start? _____

8. To stop the pain do you hang your legs over the side of the bed? Yes No Do you walk? Yes No

9. Do you raise your legs to stop them from hurting? Yes No

10. If you do not do # 8 or # 9, what do you do to relieve the pain? _____

11. Do you take pain medication? Yes No If Yes, please provide the following:

Name of Medication	Dosage	Frequency

12. When did you first develop problems with your legs? _____

13. Has it worsened lately? Yes No

14. Have you ever had a stroke? Yes No If Yes, When? _____

15. Have you ever had any of the following:

Heart Attack Yes No If Yes, when? _____

Congestive Heart Failure Yes No If Yes, when? _____

Heart Surgery Yes No If Yes, when? _____

Heart Stent(s) Yes No If Yes, when? _____

Heart Catheterization Yes No If Yes, when? _____

16. Have you ever had screening exam of any of the following:
 Legs for Peripheral Arterial Disease (PAD) Yes No If Yes, when? _____
 Stroke Yes No If Yes, when? _____
 Abdominal Aortic Aneurysm (AAA) Yes No If Yes, when? _____
 Heart Rhythm Yes No If Yes, when? _____
17. Have you ever had high cholesterol? Yes No If Yes, when were you diagnosed? _____
 What medications have you taken? _____
18. Have you ever had high triglycerides? Yes No If Yes, when were you diagnosed? _____
 What medications have you taken? _____
19. For Men Only: Have you ever developed impotence from your blood vessels? Yes No
 If Yes, when did it start? _____
20. Have you ever had problems with your back that caused you to have
 Pain or Weakness or Numbness in your
 Right Leg or Left Leg or Both Legs
21. Are you allergic to seafood? Yes No
22. Do you have any questions you would like to ask Dr. Brazil? _____

