



Vascular Disease Screening

Abdominal Aortic Aneurysm (AAA) & Peripheral Arterial Disease (PAD) & Carotid Artery Disease (CAD)

Name: _____ Contact Phone # or Email: _____

Please circle or answer all applicable questions:

1. Are you over the age of 60? Yes or No
2. What is your gender? Male or Female
3. Do you have a history of hardening of the arteries? Yes or No
4. Do you smoke? Yes or No
5. Have you ever smoked? Yes or No How long have you not smoked? _____
6. Have you been diagnosed with high blood pressure? Yes or No
7. Do you have a family history of AAA? Yes or No
8. Have you ever been diagnosed with chronic lung disease? Yes or No
9. Have you ever been diagnosed with diabetes? Yes or No
10. Have you ever been diagnosed with high cholesterol? Yes or No
11. Are you over weight? Yes or No
12. Do you exercise? Yes or No Describe: _____ How often: _____
13. Does any one in your family have vascular problems? Yes or No Who? _____ What? _____
14. Have you ever had a stroke caused by the buildup of plaque in the carotid artery (neck)? Yes or No
15. Has anyone in your family had a stroke caused by the buildup of plaque in the carotid artery (neck)? Yes or No
16. Do you have a pulsing feeling in your abdomen? Yes or No
17. Do you have unexplained, severe pain in abdomen or lower back? Yes or No
18. Do you have pain, discoloration or sores on your feet? Yes or No
19. Do you have pain in your legs when you walk? Yes or No

To contact CVI, please call our main number at (850) 479-1805, fax us at (850) 479-1829 or visit our website at www.coastalvi.com for a complete list of locations.