

NOVA Cardiovascular Care, INC

Patient History Form

Today's Date: _____ Patient Name: _____

Date of Birth: _____

Please fill out the following questions for Peripheral Arterial Disease or PAD risk factors.

- Diabetes
- Smoker
- High Blood Pressures
- High Cholesterol
- Leg cramps when you walk that go away when you rest
- Sores on toes or feet (ulcers)
- Cold or numb toes
- Leg pain at rest
- Abdominal Aortic Aneurysm (AAA)
- History of peripheral vascular disease
- You are a male between the age of 65 and 75 who has ever smoked or had a family member who had an Abdominal Aortic Aneurysm (AAA)
- History of **leg cramps**, and or **leg hair loss** (please circle the answer)
- None of the above