

Patient Information Questionnaire – Endocrine Specialists, PC

Name: _____
FIRST LAST (PRINT)

Date: ____/____/____

Phone: (____) _____

Age: ____ D.O.B. ____/____/____

Have you had artery bypass surgery or stents in your legs?
 No ____ Yes ____ (Rt / Lt) (if yes do not do Segmental test)
 Have you ever had a Doppler Ultrasound test on the arteries of your legs?
 No ____ Yes ____ When (Month/Day/Year) ____/____/____
Please check X only if you have any of the following:

Risk Factors / Symptoms
Chronic Venous Insufficiency (CVI)

Leg Cramps ____ / Pain ____ (Rt ____ / Lt ____)
 Varicose veins ____ (Rt ____ / Lt ____)
 Swelling of legs ____ (Rt ____ / Lt ____)
 Swelling of ankles ____ (Rt ____ / Lt ____)
 Swelling of feet ____ (Rt ____ / Lt ____)
 Venous edema pitting ____ (Rt ____ / Lt ____)
 Skin pigmentation ____ (Rt ____ / Lt ____)
 Inflammation (cellulitis) ____ (Rt ____ / Lt ____)
 Induration Erythema ____ (Rt ____ / Lt ____)
 Active ulcers ____ (Rt ____ / Lt ____) Stasis Dermatitis ____ (Rt ____ / Lt ____)
 Active ulceration duration ____ (Rt ____ / Lt ____) ____<3 mo - ____>3 mo, <1 yr - ____>1 yr
 Active ulcer ____ (Rt ____ / Lt ____), size ____<2 cm - ____2-6 cm - ____>6-cm
 Compressive therapy ____ (Rt ____ / Lt ____)
 History of DVT ____ (Rt ____ / Lt ____) When (Month/Year) ____/____

•Diagnostic Refill Time Interpretation:

Diagnostic Refill Time
Right Left

 seconds

-Normal if > 40-120 seconds Rt ____ Lt ____
 -Mild 20-40 seconds* Rt ____ Lt ____
 -Moderate 10-20 seconds* Rt ____ Lt ____
 -Severe <10 seconds* Rt ____ Lt ____
 -Additional testing if abnormal* ____

RISK FACTORS- PERIPHERAL ARTERIAL DISEASE

1. ____ Smoking Hx: ____Quit ____ Still Smoking
2. ____ Diabetes (____Good ____Fair ____Poor control) HgbA1C _____
3. ____ Taking Medication for High Blood Pressure
4. ____ Taking Medication for High Cholesterol
5. ____ History of Heart ____Attack ____CABG ____CAD
5. ____ History of a ____Stroke ____TIA
6. ____ Artery Surgery ____neck ____aorta ____leg ____kidney

SYMPTOMS OF PAD

7. ____ Leg Cramps / Pain when walking# ____/____/10__
7. ____ Leg Pain that goes away with rest after stopping walking#
8. ____ Leg Cramps/Pain when at rest^ ____/____/10__
9. ____ Pain in legs that disturbs sleep ^
10. ____ Kidney Disease-CKD
11. ____ Kidney Disease-____ESRD ____Dialysis

PAD Screening Questionnaire Risk Score _____
 Numbness in Feet ____ Y / ____ N (Rt ____ / Lt ____)

X Patient Signature

OFFICE USE ONLY BELOW THIS LINE

X _____ Schedule appointment **Prelim 22/23/24 PAD** / **Prelim Venous**
Physician / NP / PA Signature (PAD 60 minutes. PAD & Venous 60 minutes. Venous 30 minutes)

Print Full Name (PHYSICIAN / NP / PA): _____

Indications for carotid artery ultrasound: CPT 93880 carotid bruit 785.9; TIA 435.9; periodic surveillance of known carotid disease 433.10; Amaurosis fugax 326.34; Hemispheric stroke-Cerebral artery occlusion, unspecified 434.91; CVA, Acute but ill-defined 436; Drop attacks or syncope 780.2 ____Carotid Screen (443.9) ____Normal ____Abnormal (Schedule 80)
Indications for peripheral arterial ultrasound: CPT 93925 Claudication 440.21; Leg pain at rest 440.22; Ulcers 440.23; Lower extremity revascularization; Peripheral Arterial Occlusive Disease 443.9; Stricture of Artery 447.1; Poorly Compressible Arteries (ABI ≥ 1.40) 443.9; Abnormal HTI, Physiologic Segmental or Exercise Exam 443.9
Indications for lower extremity venous reflux ultrasound: CPT 93970 Varicose veins of lower extremities with ulcer 454.0; Varicose veins of lower extremities 454.8; Venous insufficiency 459.81 (abnormal PPG); Postphlebotic syndrome 459.1; Pain in limb 729.5; Swelling of limb 729.81; Edema 782.3; DVT superficial 451.0; DVT deep 451.11 AK – 451.19 BK
Indications for Abdominal Aorta ultrasound CPT 93978: 440.21 / 440.22 & 443.9; palpable pulsatile mass 789.30; Bruit 785.9 abdominal aortic aneurism (AAA) 441.9
G0389 AAA Screen ____ V15.82 man age 65 to 75 who has smoked at least 100 cigarettes in lifetime ____ V17.4 Family History of AAA ____ Parent ____ Sibling ____ V81.2 ____ Screening for other and unspecified cardiovascular conditions
SCHEDULE 30 MINUTES FOR EACH TEST Date Test Performed: 80 ____/____/____ 25 ____/____/____ 70 ____/____/____ 78 ____/____/____

Right			Left
Rest	APP	APP	Rest
Arm	Arm	Arm	Arm
PT	PT	PT	PT
PT	RATIO	RATIO	PT
DP	DP	DP	DP
DP	RATIO	RATIO	DP
ABI	LOWEST	LOWEST	ABI
HTI			HTI

•Diagnostic ABI Interpretation:
 -Normal if 1.00-1.39
 -Additional testing if abnormal*
 -Equivocal 0.91-0.99*
 -Mild obstruction if 0.70-0.90*
 -Moderate obstruction if 0.40-0.69**
 -Severe obstruction if <0.40***
 -Poorly compressible if ≥1.40*
 -HTI <1.20* ≥1.50*

FOOT TEMP _____ PAD Pts Limb Hair Loss- ____ Cold Feet- ____ Trophic Nails- ____
 ____ Wound--Ulcer on Leg, foot or toes (circle area) (Rt / Lt)
 R ____ L ____ Posterior Tibial Pulse (0-1-2) Y / N MONOPHSIC Waveform~
 R ____ L ____ Dorsalis Pedis Pulse (0-1-2) Y / N Low Blood Flow Velocity~ (normal >30-15-7-11)

X PA/NP/Tech Signature _____ **ID#** _____ **Date** ____/____/____.

Vascular ICD-9 codes **440.21#** **440.22^** **443.9*** **447.1~***

_____/_____/_____: ____ AM/PM **Tech Signature** _____ **ID#** _____ **Date** ____/____/____.
DATE TIME

Further Evaluation needed ____ PAD Phys Doppler ____ Seg 23 ____ Exercise 24 (30-45 Min)
 ____ LEA25 ____ LEV70 ____ Aorta78 ____ Carotid80