



First Name:

Last Name:

DOB:

Address:

Email:

Daytime Phone:

Evening Phone:

Cell Phone:

Primary Care Physician:

Yes No

- Would you like to be contacted to discuss further diagnostic and treatment options for peripheral artery disease?
- Would you like to receive by mail additional information on peripheral artery disease?

Survey Questions

Yes No

- Are you a male smoker between the ages of 65 and 75 who currently smokes or has smoked in the past?
- Are you age 55 or older with a close family history of Abdominal Aortic Aneurysm (AAA)?
- Do you have or experience pain, heaviness, cramping or fatigue in your buttocks, thighs, or calves while walking?
- Do you have a history of slowly healing or non-healing sores or ulcers on your legs or feet?
- Do you have difficulty controlling your blood pressure (hypertension) with 3 or more blood pressure medications?
- Have you experienced brief period(s) of blurred or lost vision, weakness or numbness in your arm, leg, or face on one side, or loss of coordination and confusion?