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1216 Florida Dr. Suite 130 Arlington TX 76015 (817) 461-6374

 Cardiovascular Screening Questionnaire

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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please circle the information below that pertains to you.**

|  |  |  |
| --- | --- | --- |
| * Do you have a stressful life style?
 | Yes | No |
| * Are you over age 35?
 | Yes | No |
| * Do you or your family have a history of cardio vascular (heart) disease, heart attacks, or strokes? Please circle-- 1) you 2)family
 | Yes | No |
| * Suffer from dizziness/light-headedness/fainting?
* Do you have atrial fibrillation (irregular heartbeat)?
 | YesYes | NoNo |
| * Do you smoke now or in the past?
 | Yes | No |
| * Do you have a high fat and/or high sugar diet?
 | Yes | No |
| * Do you take birth control pills?
 | Yes | No |
| * Do you tire/fatigue easily after common physical activities?
 | Yes | No |
| * Do you suffer from headaches?
* Do you ever experience slurred speech?
 | YesYes | NoNo |
| * Do you exercise regularly?
 | Yes | No |
| * Do you sleep at least 7 hours a night?
 | Yes | No |
| * Do you eat three balanced meals a day?
 | Yes | No |
| * Do you bruise easily?
 | Yes | No |
| * Do you have any swollen or stiff joints?
 | Yes | No |
| * Do you have varicose veins?
 | Yes | No |
| * Do you take medication for cholesterol, blood pressure, or high triglycerides? **Circle all that apply**
 | Yes | No |
| * Do you suffer from Diabetes?
 | Yes | No |
| * Do you experience tingling/numbness in arms/legs? If yes, **Arms or Legs?**
 | Yes | No |
| * Do you have radiating pain from neck into the arms, or low back into legs? If yes, **Neck into arms/Low back into legs?**
 | Yes | No |
| * Have you had neck pain or low back pain for 6 months or longer? If so, **Neck or Low back?**
 | Yes | No |
| * Do you have extremity pain in arms or legs? If so, **Arms or Legs?**
 | Yes | No |
| * Have you had recent weakness in arms or legs? If so, **Arms or Legs?**
 | Yes | No |
| **(Example of weakness) Lack of hand grip, or legs not functioning correctly** |

Additional Comments (internal use only)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional Comments from Technician only: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_