



# THE VEIN & VASCULAR INSTITUTE OF TAMPA BAY

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## PATIENT QUESTIONNAIRE

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR FAMILY HISTORY

IF YES

CORONARY ARTERY DISEASE   
HIGH CHOLESTEROL   
HIGH BLOOD PRESSURE   
DIABETES

OTHER FAMILY DISEASES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR MEDICAL HISTORY:

IF YES

CORONARY ARTERY DISEASE   
HIGH CHOLESTEROL   
HIGH BLOOD PRESSURE   
DIABETES   
PERIPHERAL VASCULAR DISEASE

OTHER MEDICAL HISTORY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR SURGICAL HISTORY:

IF YES

CORONARY ARTERY BYPASS   
ANGIOPLASTY / STENTING   
PERIPHERAL VASCULAR SURGERY

OTHER SURGERIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOUR SOCIAL HISTORY:

IF YES

HISTORY OF TOBACCO USE   
ALCOHOL   
CAFFEINE

PACKS PER DAY \_\_\_\_\_ YEAR QUIT \_\_\_\_\_

QUANTITY: \_\_\_\_\_

QUANTITY: \_\_\_\_\_



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## PATIENT QUESTIONNAIRE

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_

IF YES

IF YES

IF YES

### GENERAL:

- FEVERS
- CHILLS
- SWEATS
- LOSS OF APPETITE
- FATIGUE
- UNEASE
- WEIGHT LOSS

### EYES:

- BLURRING
- DOUBLE VISION
- IRRITATION
- DISCHARGE
- VISION LOSS
- EYE PAIN
- LIGHT SENSITIVITY

### EARS / NOSE / THROAT:

- EARACHE
- EAR DISCHARGE
- EAR RINGING
- DECREASED HEARING
- NASAL CONGESTION
- NOSEBLEEDS
- SORE THROAT
- HOARSENESS
- PAINFUL SWALLOWING

### CARDIOVASCULAR:

- CHEST PAIN
- PALPITATIONS
- LOSS OF CONSCIOUSNESS
- LOSS OF BREATH WITH ACTIVITY
- DIFFICULTY LYING FLAT
- AWAKENING SHORT OF BREATH
- LEG SWELLING

### RESPIRATORY:

- COUGH
- SHORTNESS OF BREATH AT REST
- EXCESSIVE SPUTUM
- COUGHING BLOOD
- WHEEZING

### GASTROINTESTINAL:

- NAUSEA
- VOMITING
- DIARRHEA
- CONSTIPATION
- CHANGE IN BOWEL HABITS
- ABDOMINAL PAIN
- BLACK STOOL
- BLOODY STOOL
- YELLOWING EYES / SKIN

### GENITOURINARY:

- INCONTINENCE
- PAINFUL URINATION
- BLOODY URINE
- URINARY FREQUENCY
- NIGHT TIME URINATION

### MUSCULOSKELETAL:

- BACK PAIN
- JOINT PAIN
- JOINT SWELLING
- MUSCLE CRAMPS
- MUSCLE WEAKNESS
- MUSCLE STIFFNESS
- ARTHRITIS

### SKIN:

- RASH
- ITCHING
- DRYNESS
- SUSPICIOUS LESIONS

### NEUROLOGIC:

- TRANSIENT PARALYSIS
- WEAKNESS
- NUMBNESS
- SEIZURES
- LOSS OF CONSCIOUSNESS
- TREMORS
- SPINNING SENSATION

### PSYCHIATRIC:

- DEPRESSION
- ANXIETY
- MEMORY LOSS
- MENTAL DISTURBANCE
- SUICIDAL IDEATION
- HALLUCINATIONS
- PARANOIA

### ENDOCRINE:

- COLD INTOLERANCE
- HEAT INTOLERANCE
- EXCESSIVE THIRST
- EXCESSIVE DESIRE TO EAT
- EXCESSIVE URINATION
- WEIGHT CHANGE

### HEME / LYMPHATIC:

- ABNORMAL BRUISING
- ABNORMAL BLEEDING
- ENLARGED LYMPH NODES

### ALLERGIC / IMMUNOLOGIC:

- ITCHY SKIN
- HAY FEVER
- PERSISTENT INFECTIONS
- HIV EXPOSURE