



Ever had a procedure related to your neck arteries? Yes / No

If yes: right / left / both: _____

Ever had a procedure related to that problem? Yes / No

Prior amputation related to Limb Ischemia: Yes / No

Lung Problems? Yes / No

Sleep Apnea? Yes / No

If yes, CPAP / NA: _____

If yes, how many pillows do you sleep on? _____

Do you have Liver Disease? Yes / No

Do you have Kidney Disease? Yes / No

Are you a Diabetic? Yes / No

If yes, have you had eye problems because of your diabetes? Yes / No

Do you have Glaucoma? Yes / No

Do you have Macular Degeneration? Yes / No

FAMILY HISTORY

Do your parents, brother or sisters have any of the following?

Diabetes Yes / No If yes, who _____

High Blood Pressure Yes / No If yes, who _____

Stroke Yes / No If yes, who _____

What age _____

Heart Attack Yes / No If yes, who _____

What age _____