



AMIEL MOSHFEGH M.D.
Southern California Vascular Institute Inc.

Name: _____ D.O.B: _____

Address: _____

Phone: _____ Insurance: _____

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Are you diabetic or prediabetic? | Yes | No |
| 2. Are you currently a smoker or have you smoked in the past? | Yes | No |
| 3. Family history of heart disease? | Yes | No |
| 4. Have you been diagnosed with high blood pressure? | Yes | No |
| 5. Have you been diagnosed with high cholesterol? | Yes | No |
| 6. Do you experience discomfort with your legs?
(Cramping, calf pain, burning, tingling, heaviness, discoloration of the legs) | Yes | No |
| 7. Do you currently have or have you ever had ulcers on the legs? | Yes | No |
| 8. Do you tire easily when walking? | Yes | No |

Comments: _____
