

Patient: _____

Date of Carotid Duplex Exam: ____/____/____

Referring MD: Lynch Gade Sekhon Birnbaum Gulesserian

Current or recent symptoms:

visual disturbance R L eye

double vision

numbness R L arm leg

weakness R L arm leg

speech disturbance swallowing problems

gait problem recurrent falls

coordination problem R L arm

dizziness memory disturbance altered awareness

Primary risk factors:

carotid bruit RT Lt neck prior endarterectomy RT Lt

coronary artery disease S/P angioplasty S/P CABG

peripheral arterial disease S/P angioplasty S/P bypass graft

abdominal aortic aneurysm treated

Secondary risk factors:

hypertension

hyperlipidemia

FH atherosclerosis < 60

FH ischemic stroke

Smoker

Follow-up Carotid Duplex Study, prior examination done:

____/____/____ SMG SAMC other _____