

AORTIC ANEURYSM SCREENING QUESTIONNAIRE

- 1) Do you have a personal history of abdominal aortic aneurysm? Y / N

- 2) Does anyone in your family have a history of aortic aneurysm? Y / N

- 3) Have you ever smoked? If so , how many years? _____

- 4) Do you have any prior imaging studies of the aorta? This would be either a CT scan or ultrasound of the abdomen. If so when and where were these studies performed? _____

- 5) Is this a "welcome to medicare" screening exam? Y / N

- 6) What is the name of your primary insurance that we will be billing?
