



## Aortic Aneurysm Screening Questionnaire

Do you have a personal history of abdominal aortic aneurysm?      YES      NO

Has anyone in your family had a history of aortic aneurysm?      YES      NO

Have you ever smoked?      YES      NO

If so, how many years? \_\_\_\_\_

Do you have prior imaging studies of the aorta?      YES      NO

*This would be a CT scan or an ultrasound of the abdomen.*

If so, when and where were these performed? \_\_\_\_\_

Is this a "welcome to Medicare" screening exam?      YES      NO

What is the name of your primary insurance that we will be billing? \_\_\_\_\_