

BARBARA VOLCKER CENTER FOR WOMEN AND RHEUMATIC DISEASE

ANTIPHOSPHOLIPID SYNDROME SPECIFIC NEW PATIENT QUESTIONNAIRE

Name: _____

Date form filled out: _____

History of Venous Blood Clots Check if there is none

Date (month, day, year)	Location of the clot	At the time of clot, any of the below*?

* Surgery, birth control pills, hormone replacement therapy, long travel, or smoking

Notes: _____

History of Arterial Blood Clots Check if there is none

Date (month, day, year)	Location of the clot	At the time of clot, any of the below*?

* Surgery, birth control pills, hormone replacement therapy, long travel, smoking

Notes: _____

History of All Pregnancies Check if male or there is no pregnancy history

Date (month, year) of Pregnancy at Completion (including elective abortion)	Live Birth or Miscarriage (indicate at how many weeks)	Premature Delivery, Preeclampsia, Growth Abnormalities (Yes/No)

Notes: _____

Have you ever been told that you have the following problems?

	NO	YES	IF YES, When?	NOTES
Hypertension				
Diabetes				
High Cholesterol				
Cancer				
Kidney Disease/Failure				
Atrial Fibrillation				
Arterial Septal Defect				
Patent Foramen Ovale				
Heart Valve Disease				
Low Platelet Counts				
Severe Anemia				
Brain MRI lesions				
Multiple Sclerosis				
Skin Disease due to APS				
Transient Ischemic Attack				
Carotid Plaques				
Obesity				

Have you ever been evaluated for the following blood tests? (please select " NO" if unknown)

	NO	YES	IF YES, When	If Yes, Result
Homocysteine				
Factor V Leiden Mutation				
Prothrombin Mutation				
MTHFR Mutation				
Protein C Deficiency				
Protein S Deficiency				
Antithrombin III Deficiency				

Do you have family history of?

	NO	YES	Unknown	Notes
Antiphospholipid Syndrome				
Stroke (parents), age<50				
Stroke (siblings), age<50				
Heart Attack (parents)*				
Heart Attack (siblings)*				
Vein Clot (parents)				
Vein Clot (siblings)				

*Male < 55 year old, female < 65 year old

Please attach all the available antiphospholipid antibody test results (lupus anticoagulant test, anticardiolipin antibodies, and/or anti-beta-2-glycoprotein-I antibodies) to this questionnaire.

Thank you for filling out this form.
Doruk Erkan, MD