

Dr. Herbst's Questionnaire for Patients

Please choose any of the following connective tissue conditions or associated conditions that you are seeking care for:

Lipedema

Who initially diagnosed you with your condition?

Self, Dr. David Amron

How did you hear or learn about Dr. Herbst?

a. Total Lipedema Care website

When did your condition start or when do you think it started?

a. Puberty

Have you ever noticed your legs were larger than the rest of your body or larger than people of your same age? At what age?

9 years old

Is your tissue painful?

Yes

If yes, at what age and/or after what event did the pain start?

Not Sure

Which areas of the body are you experiencing pain?

a. Upper arms

g. Front of thighs

h. Back of thighs

i. Inner thighs

j. Front of calves

k. Back of calves

l. Inner calves

Are there areas of your body that are tender to the touch? If yes, where?

a. Upper arms

g. Front of thighs

h. Back of thighs

i. Inner thighs

j. Front of calves

k. Back of calves

l. Inner calves

On a comparative pain scale of 1-10 (10 being the most painful), what pain level are you experiencing on a daily basis? 4 / 10

What pain level do you experience on a bad day? 4 / 10

What pain level do you experience on a good day? 4 / 10

Do you experience swelling? Yes

If yes, where on the body do you experience swelling?

a. Upper arms d. Abdomen g. Front of thighs

h. Back of thighs j. Front of calves

k. Back of calves l. Inner calves m. Ankles

Do you swell more standing for long periods of time? Yes

How long (minutes) can you stand without swelling, pain or other issues? d. 11-20 minutes

Do you swell sitting for long periods of time? Yes

How long can you sit without swelling, pain or other issues? d. 11-20 minutes

Do you swell or does your swelling worsen in the heat? Yes

Do you elevate your legs to make them feel better? Yes

Does any swelling you have resolve with elevation or sleeping overnight? Yes

Are there any areas of your body that you don't lose fat tissue from by diet or exercise? (choose all that apply)

i. Front of thighs j. Back of thighs

k. Inner thighs l. Front of calves

m. Back of calves n. Inner calves o. Ankles

Have you been able to lose weight on an eating plan? No

Have any of the following medications or supplements been helpful for your signs and symptoms? (Choose any that apply)

Phentermine	
Dextroamphetamine/Adderall	Not helpful
Diosmin, MPFF or Vasculera	Helpful
Ozempic, Wegovy or other	
GLP-1 agonist	
Metformin	Not helpful

What eating plans have you tried that improved your symptoms, including swelling and pain?

Anti-inflammatory

Low carbohydrate

What exercise do you do?

Walking

Yoga

Pilates

Do you experience extreme fatigue defined as a lingering tiredness that is constant and limiting; in other words, unexplained, persistent, and relapsing exhaustion.

Yes

Do you have brain fog?

Yes

Choose all parts of your body where you have heavy tissue:

Front of thighs

Back of thighs

Inner thighs

Front of calves

Back of calves

Inner calves

Ankles

As a child did you amuse your friends by contorting your body into strange shapes OR could you do the splits?

Yes

Can you now (or could you ever) bend your thumb to touch your forearm?

No

Can you now (or could you ever) place your hands flat on the floor without bending your knees?

Yes

As a child or teenager did your shoulder or kneecap dislocate on more than one occasion?

No

Do you consider yourself double-jointed?

No

Do you wear compression garments?	Yes
How long have you worn compression?	> one year
What are the benefits of wearing your compression garments?	<div>Reduction in swelling</div> <div>Reduction in pain</div> <div>Improved shape of my legs</div> <div>Improved mobility</div>
Have you tried the following manual therapy: manual lymphatic drainage (MLD) therapy as part of complete decongestive therapy?	Yes
If you tried MLD, did it improve your symptoms?	Yes
Have you tried the following manual therapy: Deep tissue therapy such as myofascial release, Rolfing, Swedish massage, Thai massage, etc.	Yes
If you tried deep tissue therapy, did it improve your symptoms?	Yes
Do you have an intermittent pneumatic compression (IPC) pump?	Yes
If you have an IPC pump how often do you use it?	Once a week
Which of the following therapies have you tried and received benefit for your symptoms (Choose all that apply):	Foam rollers, gua sha tools, other rollers or tools
Does your physical health interfere with your social activities?	No
What do you do for work?	Investor Relations
Does your physical health interfere with your work?	No
Do you bruise easily?	Yes
How often do you find bruises on your body?	Weekly
Do you have spider veins?	Yes
Do you have varicose veins?	Yes

Do you have venous insufficiency?	<div>Yes</div>		
Have you ever had a vein procedure such as injection of detergent or radio frequency ablation or stripping to close one of your veins?	<div>Yes</div>		
If your veins were ever treated, did your symptoms improve?	<div>Yes</div>		
Have you ever experienced a blood clot or have been diagnosed with deep vein thrombosis (DVT)/pulmonary embolus?	<div>No</div>		
Do you feel hard nodules, lumps, or "grains" under the skin in areas with affected tissue?	<div>Yes</div>		
What areas of your body have nodules, lumps or grains?	<div>Back of thighs</div>	<div>Front of calves</div>	<div>Back of calves</div>
	<div>Inner calves</div>		
Rate your overall health?	<div>Excellent</div>		
What was your highest weight in pounds?	125		
What was your lowest weight in pounds?	110		
Have you participated in a supervised weight loss program such as a bariatric surgery program, a weight loss clinic, a supervised dietary program, a nutritionist supervised program, a personal trainer or other?	<div>No</div>		
If you participated in a supervised weight loss program, did your affected tissue reduce or did your symptoms improve?	<div>I did not participate in a supervised weight loss program</div>		
If you have previously had any surgical procedures for your condition, did your symptoms improve after the surgery?	<div>Yes</div>		
Is there any additional information you would like for us to know so we can better care for you?	Use Estrogen Patch		