

## 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

What is the name of the physician who diagnosed you?

Dr. Joseph Larry Feldman

What is the name of your primary care physician?

Dr. Ernesto Villegas

What is your PCP's phone number?

(312) 549-4400

What is your PCP's fax number?

(312) 549-4401

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?

10

Is your tissue painful?

Yes

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

Advancement into stage 2 more fat tissue pain (previously other symptoms, restless legs, occasional nerve pain, blood pooling, etc)

Which areas of the body are you experiencing pain?

c. Breasts

d. Abdomen

f. Lower back

g. Front of thighs

h. Back of thighs

m. Ankles

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

a. Upper arms

c. Breasts

g. Front of thighs

h. Back of thighs

i. Inner thighs

m. Ankles

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?

6 / 10

**What pain level do you experience on a good day?** 3 / 10

**Do you experience swelling?**

Yes

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

a. Upper arms

b. Lower arms

c. Breasts

d. Abdomen

e. Upper back

f. Lower back

g. Front of thighs

h. Back of thighs

i. Inner 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?**

e. 21-40 minutes

**Do you swell sitting for long periods of time?**

Yes

**How long can you sit without swelling, pain or other issues?**

e. 21-40 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)**

a. Upper arms

b. Lower arms

c. Breasts

d. Abdomen

h. Abdomen

i. Front of thighs

j. Back of thighs

k. Inner thighs

**Have you been able to lose weight on an eating plan?**

Yes

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

Adderall/Dextroamphetamine

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

Ketogenic

Mediterranean

Anti-inflammatory

	Intermittent fasting	Low carbohydrate	Other
What exercise do you do?	Walking	elliptical, new rebounding/trampoline	
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:	Upper arms	Lower arms	Abdomen
	Upper back	Lower back	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?	Yes		
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?	Yes		
Do you wear compression garments?	Yes		
How long have you worn compression?	> one year		
What are the benefits of wearing your compression garments?	Reduction in swelling		
Have you tried the following manual therapy: manual lymphatic drainage (MLD) therapy as part of complete decongestive therapy?	Yes		

<b>If you tried MLD, did it improve your symptoms?</b>	Yes
<b>Have you tried the following manual therapy: Deep tissue therapy such as myofascial release, Rolling, Swedish massage, Thai massage, etc.</b>	Yes
<b>If you tried deep tissue therapy, did it improve your symptoms?</b>	No
<b>Do you have an intermittent pneumatic compression (IPC) pump?</b>	Yes
<b>If you have an IPC pump how often do you use it?</b>	A few times a week
<b>Which of the following therapies have you tried and received benefit for your symptoms (Choose all that apply):</b>	<div>Cavitation therapy</div> <div>Acupuncture</div>
<b>Does your physical health interfere with your social activities?</b>	Yes
<b>What do you do for work?</b>	Trying to get disability. Quit years ago due to health (diagnosed EDS heds)
<b>Does your physical health interfere with your work?</b>	Yes
<b>Do you bruise easily?</b>	Yes
<b>How often do you find bruises on your body?</b>	Daily
<b>Do you have spider veins?</b>	Yes
<b>Do you have varicose veins?</b>	No
<b>Do you have venous insufficiency?</b>	No
<b>Have you ever had a vein procedure such as injection of detergent or radio frequency ablation or stripping to close one of your veins?</b>	No
<b>If your veins were ever treated, did your symptoms improve?</b>	No

**Have you ever experienced a blood clot or have been diagnosed with deep vein thrombosis (DVT)/pulmonary embolus?**

No

**Do you feel hard nodules, lumps, or "grains" under the skin in areas with affected tissue?**

Yes

**What areas of your body have nodules, lumps or grains?**

Upper arms

Breasts

Abdomen

Upper back

Lower back

Front of thighs

Back of thighs

Inner thighs

Front of calves

Back of calves

Inner calves

Ankles

**Rate your overall health?**

Poor

**What was your highest weight in pounds?**

245 post pregnancy

**What was your lowest weight in pounds?**

141 (3 years after pregnancy with lots of work)

**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?**

Yes

**If you participated in a supervised weight loss program, did your affected tissue reduce or did your symptoms improve?**

No

**If you have previously had any surgical procedures for your condition, did your symptoms improve after the surgery?**

Yes

**Is there any additional information you would like for us to know so we can better care for you?**

Had 1 Lipo, reduced symptoms but did not eliminate, have EDS, my mom recently diagnosed with breast cancer.