

Dr. Herbst's Questionnaire for Patients

Please choose any of the following connective tissue conditions or associated conditions that you have:

Lipedema

Who initially diagnosed you with your condition?

Dr Hogg

How did you hear or learn about Dr. Herbst?

Dr Stramandi

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?

12

Is your tissue painful?

No

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

0 / 10

What pain level do you experience on a bad day?

0 / 10

What pain level do you experience on a good day?

0 / 10

Do you experience swelling?

Yes

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

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?

No

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

a. I do not have swelling when sitting.

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

d. Abdomen

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?

Yes

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

Phentermine	
Dextroamphetamine/Adderall	
Diosmin, MPFF or Vasculera	
Ozempic, Wegovy or other	Medication/Supplement
GLP-1 agonist	
Metformin	

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

Mediterranean

Anti-inflammatory

Intermittent fasting

Low carbohydrate

What exercise do you do?

Walking

Weightlifting

Water treading

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

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?

No

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?

No

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?

> 6 months – 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

If you tried MLD, did it improve your symptoms?

No

Have you tried the following manual therapy: Deep tissue therapy such as myofascial release, Rolfing, Swedish massage, Thai massage, etc.

No

Do you have an intermittent pneumatic compression (IPC) pump?

Yes

If you have an IPC pump how often do you use it?

A few times a week

Does your physical health interfere with your social activities?

No

What do you do for work?	Retired teacher		
Does your physical health interfere with your work?	No		
Do you bruise easily?	Yes		
How often do you find bruises on your body?	Monthly		
Do you have spider veins?	Yes		
Do you have varicose veins?	Yes		
Do you have venous insufficiency?	Yes		
Have you ever had a vein procedure such as injection of detergent or radio frequency ablation or stripping to close one of your veins?	Yes		
If your veins were ever treated, did your symptoms improve?	Yes		
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	Front of thighs	Back of thighs
	Inner thighs	Front of calves	Back of calves
	Inner calves	Ankles	
Rate your overall health?	Good		
What was your highest weight in pounds?	190		
What was your lowest weight in pounds?	90		

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?

I have not had surgery

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

I am scheduled to treat veins in November.