

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?

I have not been officially diagnosed.

How did you hear or learn about Dr. Herbst?

Cheryl Wilson, NP

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?

late teens

Is your tissue painful?

Yes

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

mid 40s

Which areas of the body are you experiencing pain?

g. Front of thighs

h. Back of thighs

i. Inner thighs

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

g. Front of thighs

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

2 / 10

What pain level do you experience on a bad day?

4 / 10

What pain level do you experience on a good day?

1 / 10

Do you experience swelling?

Yes

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

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?

f. 41-60 minutes

Do you swell sitting for long periods of time?

Yes

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

f. 41-60 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

i. Front of thighs

j. Back of thighs

k. Inner thighs

m. Back of calves

n. Inner calves

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

Yes

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

Low carbohydrate

Other

What activities are you unable to perform?

Can't do any active for long periods of time, such as a long hike.

What exercise do you do?

Walking

Biking (on an ebike), light hiking

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

Inner calves

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?

No

How long have you worn compression?

Never

Have you tried the following manual therapy: manual lymphatic drainage (MLD) therapy as part of complete decongestive therapy?

No

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

No

Which of the following therapies have you tried and received benefit for your symptoms (Choose all that apply):

None of the above

Does your physical health interfere with your social activities?

Yes

What do you do for work?

Computer work

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
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?	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?	<div>Upper arms</div> <div>Breasts</div> <div>Front of thighs</div> <div>Back of thighs</div> <div>Inner thighs</div> <div>Back of calves</div> <div>Inner calves</div>
Rate your overall health?	Good
What was your highest weight in pounds?	332
What was your lowest weight in pounds?	208 (as an adult)
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?	Yes

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?

I had lipo on my saddlebags 3-4 years ago - will attached before pics.