



PYP CLINICAL DATA FORM

ID NUMBER:

FORM CODE:

DATE: 08/14/2020
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Have you ever been told by your doctor that you had...

1. Amyloidosis affecting your heart?

Y Yes

N No

2. Lumbar spinal stenosis?

Y Yes

N No

3. Carpal tunnel syndrome?

Y Yes

N No

4. Biceps tendon rupture?

Y Yes

N No

Over the past 6 months, have you experienced any of the following symptoms intermittently or continuously for more than 2 weeks?

5. Sharp pain in fingertips or feet?

Y Yes

N No

6. Tingling in fingertips?

Y Yes

N No

7. Difficulty feeling temperature in fingertips?

Y Yes

N No

8. Difficulty feeling pain in fingertips?

Y Yes

N No

9. Urinary leakage?

Y Yes

N No

10. Inability to pass urine?

Y Yes

N No

11. Indigestion?

Y Yes

N No

12. Constipation?

Y Yes

N No

13. Early fullness in your stomach after a meal?

Y Yes

N No

14. Lightheadedness when standing up?

Y Yes

N No

Additional Questions:

15. Have you ever lost consciousness?

Y Yes

N No

16. Do you have a pacemaker or internal cardiac defibrillator (ICD)?

Y Yes

N No