Patient History

NAME: _____ AGE: _____ DATE: _____

Symptoms: *(Please check if yes)*

	R	L
Aching/pain in legs	☐	☐
Heaviness	☐	☐
Tiredness/fatigue	☐	☐
Itching/Burning	☐	☐
Leg cramping	☐	☐
Leg restlessness	☐	☐
Throbbing	☐	☐
Swelling	☐	☐

Do your symptoms interfere with your sleep? ☐
Do your symptoms interfere with walking? ☐
Do your symptoms worsen with or after activity? ☐

(Check if you've had any of the following)

Heart disease ☐
Contagious Disease ☐
Hepatitis ☐
High blood pressure ☐
Diabetes ☐
Cancer ☐
Leg Trauma/Surgery ☐
Major Surgery/Hospitalizations ☐
(Please list on back, if needed)

On a scale of 1 to 10, with 10 being the worst, I consider my vein disease to be:

Slightly bothersome 1 2 3 4 5 6 7 8 9 10 Severely affecting my life

Conservative Measures Used *Currently* or *Previously*: *(Please check those measures that you have tried)*

Pain medications or herbal supplements: ☐ Leg elevation: ☐ Exercise: ☐ Job Change: ☐
Compression stockings or leg wraps: ☐ *If so, how long?* _____ Weight loss: ☐

RLS: *(Please check box if yes)*

Do you find the need to move your legs to relieve an uncomfortable feeling? ☐
Do your legs feel better when moving them or walking? ☐
Are your leg symptoms worse when sitting or resting, without elevating legs? ☐
Are your leg symptoms worse later in the day or night? ☐

Women Only: *(Please check box if yes)*

Are you pregnant or considering a pregnancy sometime in the future? ☐
Are you breast-feeding? ☐ Are your legs more painful associated with menstruation? ☐
Have you been diagnosed with Pelvic Congestion Syndrome? ☐
Number of pregnancies? _____ Number of deliveries? _____ Ages of Children? _____

Please list *prescription* and *OTC* medications: *(Use back if needed)*

_____ _____ _____

_____ _____ _____

Please list Medical Allergies:

_____

_____

Please check box if you have, or have had, any of the following:

A prior evaluation for your veins? ☐
Previous vein surgery or laser treatment? ☐
Previous vein injections? ☐
Bleeding from a vein? ☐
A leg ulceration? ☐
Phlebitis? ☐
Any type of blood clot/clotting disorder? ☐
If so, were you treated with blood thinners? ☐

A family history of vein disease? ☐
A family history of leg ulceration? ☐
A family history of blood clots? ☐