

Venous Health History Form

Name: _____

Sex: M F

Date of Birth: _____

Primary Care Physician: _____

Phone Number: _____

PCP's Phone Number: _____

**Please answer the following questions.
Provide your best estimate for dates of occurrence.**

Past Medical History

1. Have you ever had vein stripping surgery? Yes No
If yes, when and which leg? _____
2. Have you ever had vein injections? Yes No
If yes, when, which leg and where on the leg? _____

3. Have you ever had a blood clot? Yes No
If yes, when and which leg? _____
4. Have you ever had phlebitis? Yes No
If yes, when and which leg? _____
5. Do you experience any of the following?

Aching or pain in your legs?	Yes	No
Heaviness?	Yes	No
Tiredness or fatigue?	Yes	No
Itching or burning?	Yes	No
Swollen ankles?	Yes	No
Leg cramps?	Yes	No
Restless legs?	Yes	No
Throbbing?	Yes	No
Other _____	Yes	No

****If you responded yes to any of these questions, is it in just one or both legs?**

Right Left Both

6. Have your veins gotten worse in recent months? Yes No

- | | | | |
|-----|--|-----|----|
| 7. | Do you take any medication for pain (ex. Advil, etc.) | Yes | No |
| | If Yes, what medication and how often? _____ | | |
| 8. | Do you elevate your legs to relieve discomfort? | Yes | No |
| 9. | Do you wear support hose prescribed by a doctor? | Yes | No |
| 10. | Do you wear light support hose (ex. Sheer Energy) | Yes | No |
| | If Yes, do they provide relief? | Yes | No |
| 11. | Do you have any problems walking? | Yes | No |
| | If Yes, how does it affect you? _____ | | |
| 12. | Do you stand much at work? | Yes | No |
| | at home? | Yes | No |
| 13. | Have you ever had any test(s) done on your veins? | Yes | No |
| | If Yes, when, what type test and where on the leg? _____ | | |
| | _____ | | |
| 14. | Were you diagnosed with saphenous vein reflux? | Yes | No |

Family History

Does anyone in your family have (or used to have) varicose veins, spider veins, leg ulcers, or swollen legs?

Father.....	Yes	No
Mother.....	Yes	No
Brother(s).....	Yes	No
Sister(s).....	Yes	No
Other _____	Yes	No

STAFF USE ONLY:

Ultra-Sound Recommended? Yes No

Revised 12-2014