The Vein Center at Highfield

VENOUS INSUFFICIENCY - New Patient Visit

Name _____ Age _____

Email _____

Who is your Primary Care Physician? _____

Which leg is bothering you? ☐ Left ☐ Right ☐ Both

Which of the following symptoms have you been experiencing (check all that apply)

- ☐ Swelling
- ☐ Pain
- ☐ Itching
- ☐ Burning
- ☐ Heaviness
- ☐ Fatigue
- ☐ "Restless" legs
- ☐ Skin/hair changes
- ☐ Bleeding/bruising in the legs
- ☐ Wound that heals slowly
- ☐ Other (please describe): _____

_____

How long have you had these symptoms? _____

Have you ever had vein stripping surgery? Yes No When? _____
Which leg? _____

Have you ever had vein ablation or injections? Yes No When? _____
Which leg? _____

Have your veins gotten worse in recent months? Yes No

On your worse day how severely do your symptoms impact your quality of life?
(None) 0 1 2 3 4 5 (Severe)

Do you take any medication for leg pain (eg, advil, etc.)? Yes No

If yes, what medication and how often? _____

Do you elevate your legs to relieve discomfort? Yes No

Do you wear support stockings? Yes No

If yes, what type and how long have you worn them? _____

Do they provide relief? Yes No

Have you tried any other conservative therapy such as weight loss or an exercise program?

Yes No

In what way do your symptoms negatively impact your activities/quality of life? _____

The Vein Center at Highfield
Highfield MRI, Ltd.
Polaris Professional Building,
1120 Polaris Parkway, Suite 110, Columbus, Ohio 43240
ph 614.430.9600 fax 614.430.9393

The Vein Center at Highfield

What is your occupation? _____

Do you stand much at work? Yes No

at home? Yes No

Does anyone else in your family have problems with leg veins? _____

Have you ever been diagnosed with any of the following conditions (check all that apply)?

- ☐ Phlebitis (inflammation or infection of the veins) When? _____
- ☐ Leg clots or deep venous thrombosis (DVT) When? _____
- ☐ Lung clots or pulmonary embolism (PE) When? _____
- ☐ Heart, liver, or kidney problems When? _____
- ☐ Cancer What type? _____ When? _____
- ☐ Abnormalities of the blood, including bleeding or clotting abnormalities
- ☐ Lupus, scleroderma, or rheumatoid arthritis

Have you ever had any of the following experiences (check all that apply)?

- ☐ Leg swelling after a long airplane or car trip When? _____
- ☐ Leg trauma (including surgery) When? _____
- ☐ Pregnancy How many times? _____

Have you ever used any of the following (check all that apply)?

- ☐ Tobacco When? _____
- ☐ Birth control pills When? _____
- ☐ Estrogen therapy When? _____
- ☐ Invtravenous drugs When? _____

The Vein Center at Highfield
Highfield MRI, Ltd.
Polaris Professional Building,
1120 Polaris Parkway, Suite 110, Columbus, Ohio 43240
ph 614.430.9600 fax 614.430.9393

The Vein Center at Highfield

PLEASE LIST ANY OTHER MEDICAL PROBLEMS YOU HAVE HAD IN THE PAST (OR HAVE NOW): _____

_____

_____

_____

_____

PLEASE LIST ANY SURGERIES YOU HAVE HAD: _____

_____

_____

_____

_____

PLEASE LIST ANY SERIOUS MEDICAL CONDITIONS THAT RUN IN YOUR FAMILY: _____

_____

_____

_____

_____

PLEASE LIST ANY MEDICATION ALLERGIES THAT YOU HAVE:

_____ type of reaction: _____

_____ type of reaction: _____

_____ type of reaction: _____

_____ type of reaction: _____

PLEASE LIST YOUR CURRENT MEDICATIONS, INCLUDING OVER THE COUNTER AND HERBAL MEDICINES

Drug	Dosage	Date started

Do you take any blood thinners? _____

HOW MANY PACKS OF CIGARETTES DO YOU SMOKE IN A DAY? _____

HOW MANY ALCOHOLIC DRINKS DO YOU HAVE IN A TYPICAL WEEK? _____

The Vein Center at Highfield
Highfield MRI, Ltd.
Polaris Professional Building,
1120 Polaris Parkway, Suite 110, Columbus, Ohio 43240
ph 614.430.9600 fax 614.430.9393