

The Columbus Vein Center

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
- Aching
- Other (please describe): _____
- Fatigue
- "Restless" legs
- Skin/hair changes
- Bleeding/bruising in the legs
- Wound that heals slowly

How long have you had these symptoms? _____

Have your symptoms gotten worse in recent months? Yes No When? _____

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

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

Have you ever had blood clots in your legs? Yes No When? _____
Which leg? _____

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? _____

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

Have you EVER worn support /compression stockings? Yes No
If yes, what type and how long have you worn them? _____

Do they provide relief? Yes No

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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 OR ASPIRIN? _____

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

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