

Name: _____ DOB _____ Today's Date _____

Vein Medical History

Please circle the appropriate response where applicable

- **When did you first notice your enlarged veins?** _____

Do you have any of the following symptoms

In your leg (s): Please answer each question

	Yes	No
Feeling of heaviness	_____	_____
Aches/Discomfort	_____	_____
Pressure	_____	_____
Swelling	_____	_____
Itching/burning	_____	_____
Appearance	_____	_____
Bleeding	_____	_____
Sharp pain	_____	_____

Have you ever been diagnosed with any of

the following: Please answer each

	Yes	No
Phlebitis/Blood clots	_____	_____
Deep venous thrombosis	_____	_____
Clots in lungs	_____	_____
Leg or ankle ulcer	_____	_____

If yes, please explain: _____

Have you ever had any of the following:

Please answer each question

	Yes	No
Vein Ultrasound	_____	_____
Previous Vein therapy	_____	_____
__ Injections		
__ Vein stripping/surgery		
__ Laser treatment		
__ Closure procedure		

If yes, please explain: _____

Family members with vein problems:

Please answer each

	Yes	No
Blood clots/phlebitis	_____	_____
Varicose/spider veins	_____	_____
Leg ulcers	_____	_____
Deep venous thrombosis	_____	_____

If yes, please explain: _____

Have you ever tried support hose or compression stockings? Y N

If yes, for how long? _____

Do you elevate your legs? Y N

Do you use anti-inflammatory medications for symptomatic relief (such as ibuprofen, Advil, Aleve, or naproxen sodium)? Y N

Other treatments (herbs, etc): _____