

1.

Vein & Laser Center of New England Patient History

Patient Name _____ DOB _____ Occupation: _____

Source of referral:

Physician Friend Brochure or Ad

Personal physician: _____

(Circle all that apply)

Reason for today's visit:

Visible varicose veins Hx of leg ulcers Other _____

Visible spider veins Hx of leg swelling _____

Spontaneous bleeding Extremity pain or tenderness

Have you ever been treated for blood clots (phlebitis) Yes No

Have you undergone previous treatment for your vein problem? Yes No

Details, please

Have you or do you presently experience any of the following symptoms:

Extremity pain or tenderness Leg ulceration Leg swelling

Leg heaviness or burning Clotting of veins below the skin

Are the symptoms worse in either leg? Right Left No

If you had to select **one** leg for us to examine today which would it be? Right Left

Have you or do you wear venous compression stockings? Yes No

Family history of vein problems? Father Mother Other relative:

Varicose veins Leg ulcerations

Surgical stripping Phlebitis

If relevant, has pregnancy affected your leg problems? Yes No