NAME:______________________________ DATE:________________

DATE OF BIRTH:________________________ AGE:________________

Weight: __________ lbs **Height:** ____ft ____in

VENOUS HEALTH HISTORY

Symptoms: Onset of symptoms (date symptoms began):____________________

	R Leg	L Leg
Aching / pain in legs	☐	☐
Heaviness	☐	☐
Tiredness / fatigue	☐	☐
Itching / burning / warmth	☐	☐
Leg cramping	☐	☐
Leg restlessness	☐	☐
Throbbing	☐	☐
Swelling	☐	☐
Leg restlessness	☐	☐

Major surgery / hospitalizations:

____

____

____

____

Do your symptoms interfere with your sleep? ☐

Are your symptoms worse later in the day? ☐

Are your symptoms worse with or after activity? ☐

Do your symptoms keep you from doing anything? ☐

Do you find the need to move your leg(s) to relieve an uncomfortable feeling? ☐

Conservative Measures Used *Currently* or *Previously*: *(please check those measures that you have tried)*

☐Pain medications ☐Weight loss ☐ Leg elevation ☐ Job change

☐ Exercise ☐ Compression stockings or leg wraps? Strength of stockings: __________ mmHg

Please check below if you have, or have had, any of the following:

☐ A prior evaluation for your veins: ______________*(yr)*

☐ Previous vein surgery or laser treatments: __________*(yr)*____*R*____*L*

☐ Previous vein injections: __________*(yr)*____*R*____*L*

☐ Bleeding from a vein: __________*(yr)*____*R*____*L*

☐ A leg ulceration: __________*(yr)*____*R*____*L*

☐ Superficial thrombophlebitis or an inflammation of a vein: _________*(yr)*____*R*____*L*____________ *(Location)*

☐ Any type of blood clot: __________*(yr)*____*R*____*L*______________________________*(Location)*

☐ Any type of clotting disorder: ______________________________ *(Diagnosis)*

☐ Migraines with aura

☐ Diagnosed with a PFO (patent foramen ovale)

☐ A family history of vein disease

☐ A family history of leg ulceration

☐ A family history of blood clots

☐ A family history of a clotting disorder

Women Only: ***(Please check box if yes)***

Are you pregnant or considering a pregnancy sometime in the future? ☐

Are you breast-feeding? ☐ Are your legs more painful associated with menstruation? ☐

Have you been diagnosed with Pelvic Congestion Syndrome and/or had bulging veins during pregnancy? ☐

Number of Pregnancies: _____ Deliveries: _____ Miscarriages: _____ Children's ages: ________________