

Venous Health History Form

Doctor: _____

Date: _____

Name: _____

Age: _____

Sex: M F

Past Medical History:

1. Have you ever had vein stripping surgery? Yes _____ No _____

If yes, when, and on which leg? _____

2. Have you ever had vein injections? Yes _____ No _____

If yes, when, which leg, and where on the leg? _____

3. Have you ever had a blood clot? Yes _____ No _____

If yes, when, and on which leg? _____

4. Have you ever had phlebitis? Yes _____ No _____

If yes, when, and on which leg? _____

Family History:

Has anyone in your family had varicose veins, spider veins, leg ulcers, or swollen legs?

Father: Yes _____ No _____

Mother: Yes _____ No _____

Brother: Yes _____ No _____

Sister: Yes _____ No _____

Other: Yes _____ No _____

Personal History:

1. Do you experience any of the following?

a. Aching/pain in your legs? Yes _____ No _____

b. Heaviness? Yes _____ No _____

c. Tiredness/fatigue? Yes _____ No _____

d. Itching/burning? Yes _____ No _____

e. Swollen ankles? Yes _____ No _____

f. Leg cramps? Yes _____ No _____

g. Restless legs? Yes _____ No _____

h. Throbbing? Yes _____ No _____

i. Other? _____

Do you experience these problems in one leg, or both legs? _____

2. Have your veins gotten worse in recent months? Yes _____ No _____
3. Do you take medications for pain? (Advil, Ibuprofen, etc.) Yes _____ No _____
4. Do you elevate your legs to relieve discomfort? Yes _____ No _____
5. Do you wear support hose prescribed by a doctor?
If yes, what ype, and how long have you worn them? _____
6. Do you wear light support hose (eg, Sheer Energy) Yes _____ No _____
7. Do they provide relief? Yes _____ No _____
8. Do you have a problem walking?
If yes, how does it affect you? _____
9. Do you stand much at work? Yes _____ No _____
10. Do you stand much at home? Yes _____ No _____
11. Have you ever had any tests performed on your veins?
If yes, when, and what type of test? _____
12. Were you diagnosed with vein reflux? Yes _____ No _____

For Office Use Only:

- Varicose Veins
- Ulcers
- Dermatitis
- Spider Veins

Edema R / L

