

DATE: _____

CARDIAC ASSOCIATES

ACCT. #: _____

NEW PATIENT VENOUS HEALTH HISTORY FORM

Patient Name: _____ D.O.B. _____ Age: _____

COMPLAINT: (check all applicable)

- VARICOS VEINS
- BLEEDING
- ULCERATIONS
- SPIDER VEINS
- RESTLESS LEG SYND
- RETICULAR VEINS
- SWELLING
- LEG CRAMPS
- ITCHING
- BURNING
- HEAVINESS
- INFLAMATION
- SKIN RASH/DISCOLORATION
- PAIN/TIREDNESS/FATIGUE
- NUMBNESS OR TINGLING IN LEGS
- REDDENED/HARD KNOT IN VEIN

WHICH LEG? _____RIGHT, _____LEFT, _____BOTH;
HOW LONG? _____(# MONTHS?) _____(YEARS?)

WORSE WHEN?: (CIRCLE)

SITTING, WALKING, MENSTUAL CUCLE, WORKING, PREGNANCY,
STANDING, BEGINNING OF DAY, END OF DAY, LYING DOWN

IMPROVED BY: (CIRCLE)

REST, ELEVATION, COMPRESSION HOSE, FLUID PILLS, WALKING,
TYLENOL/MOTRIN EQUIVALENT, WALKING, BEGINNING OF DAY,
END OF DAY.

PREVIOUS VEIN TREATMENT:

PAST MED HISTORY:

1. HAVE YOU EVER HAD VEIN STIPPING SURGERY?

___YES ___NO IF YES, WHEN / WHICH LEG? _____

2.HAV YOU EVER HAD VEIN INJECTIONS?

___YES ___NO IF YES, WHEN, WHICH & WHERE ON LEG?

3. HAVE YOU EVER HAD A BLOOD CLOT?

___YES ___NO IF YES, WHICH LEG AND WHEN?

4. HAVE YOU EVER HAD PHLBITIS? ___YES ___NO

HISTORY OF PRESENT ILLNESS (HPI)

OFFICE USE ONLY

CC: _____

- * LOCATION
- * QUALITY / DESCRIPTION = MILD / MOD. / SEVERE / VARIABLE
- * SEVERITY = MILD / MOD. / SEVERE / VARIABLE
- * DURATION = (WHEN DID IT START / DURATION)
- * TIMING
- * CONTEXT
- * MODIFYING FACTORS = (MAKES SX'S WORSE/BETTER)
- * ASSOCIATED SIGNS AND SYMPTOMS = (SOB, SWEATS, LIGHTEADEDNESS)

(Include CV risk factors)

RISKS:

DM____, HBP____, CIG____,CHOL____,FHx_____

CARDIAC PMH:

- PRIOR:**
- MI (HEART ATTACK)
 - CABG (BYPASS SURGERY)
 - ANGIOPLASTY
 - PACER/DEFIBRILLATOR
 - VEIN PROCEDURES
 - LOWER EXT. ANGIO/SURGERY
 - CAROTID STENT / SURGERY
 - LOSS OF CONSCIOUSNESS / DIZZINESS
 - PALPITATIONS / ARRHYTHMIAS
 - HEART MURMURS OR VALVE SURGERY
 - SOB W / W/O EXERTION
 - CHOL. ABNORMALITY
 - CLAUDICATION (LEG PAIN WITH WALKING)
 - EDEMA / LEG ULCERATION / HEAVINESS / VARICOSITIES

If more space is needed, please use the back of this form.

M.D. Initials _____, Date: _____ **PG. 2**