Nelson Vein & Surgical Services
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N. Olmsted, Ohio 44070
440-617-6061

VENOUS HEALTH HISTORY FORM

Name:	**DOB:**	**Sex:** ☐ M ☐ F	**Date:**
PCP Name:	**How did you hear about us?** ☐ Physician Referral: _____		
Referring Physician:	☐ Internet ☐ TV ☐ Radio ☐ Newspaper ☐ Other _____		

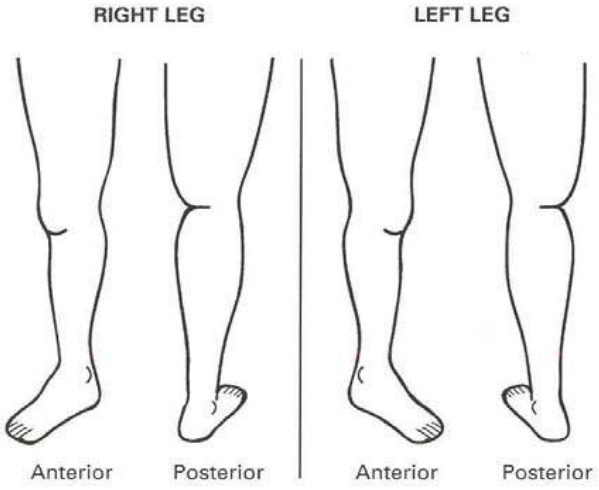
I. Vascular History

Do you have or have you ever been diagnosed with:		**Have any of your family members had:**			
Varicose vein problems	☐Y ☐N Leg: ☐R ☐L	Varicose veins	☐Y ☐N	Who?	
Phlebitis (vein redness/tenderness)	☐Y ☐N Leg: ☐R ☐L	Vein stripping	☐Y ☐N	Who?	
Blood clots	☐Y ☐N Leg: ☐R ☐L	Blood coagulation disorder?	☐Y ☐N	Who?	
Deep vein thrombosis (DVT)	☐Y ☐N Leg: ☐R ☐L	Blood clots	☐Y ☐N	Who?	
Saphenous vein reflux	☐Y ☐N Leg: ☐R ☐L	Stroke, heart attacks or pulmonary emboli	☐Y ☐N	Who?	
Do you experience any of the following in your leg(s):					
Aching/Pain	☐Y ☐N Leg: ☐R ☐L				
Heaviness	☐Y ☐N Leg: ☐R ☐L				
Tiredness/Fatigue	☐Y ☐N Leg: ☐R ☐L				
Itching/Burning	☐Y ☐N Leg: ☐R ☐L				
Swelling	☐Y ☐N Leg: ☐R ☐L				
Cramps	☐Y ☐N Leg: ☐R ☐L				
Restless legs	☐Y ☐N Leg: ☐R ☐L				
Throbbing	☐Y ☐N Leg: ☐R ☐L				
Skin or Ulcer problems	☐Y ☐N Leg: ☐R ☐L				
Other:	☐Y ☐N Leg: ☐R ☐L				

Do you do any of the following to improve your leg vein symptoms:

Medication for pain ☐ Y ☐ N What? _____
Elevation of legs ☐Y ☐N When? _____
Compression hose ☐Y ☐N When? _____
How long did you wear them? _____ Were they prescribed to you? Y N

II. Location of veins



III. Family History

IV. Vein Treatment History

Have you ever been treated for varicose veins with:	
Sclerotherapy	☐Y ☐N Leg: ☐R ☐L
Laser therapy (spider veins)	☐Y ☐N Leg: ☐R ☐L
Phlebectomy	☐Y ☐N Leg: ☐R ☐L
Vein stripping surgery	☐Y ☐N Leg: ☐R ☐L
RF ablation (VNUS Closure®)	☐Y ☐N Leg: ☐R ☐L
RF Laser Ablation (EVLT)	☐Y ☐N Leg: ☐R ☐L
VenaSeal Closure System	☐Y ☐N Leg: ☐R ☐L

V. Personal/Activities List

Do you exercise?	☐Y How often? _____	☐N
Do you smoke?	☐Y # Per day? _____	☐N
Pregnancies	☐Y How many? _____	☐N
Prolonged sitting/standing periods	☐ Y ☐N	

Does your work require:

Prolonged standing periods	☐Y How long? _____	☐N
Prolonged sitting periods	☐Y How long? _____	☐N
Heavy lifting?	☐Y # lbs? _____	☐N

RIGHT LEG (check all that apply)

☐ No signs of venous disease ☐ Spider veins
☐ Visible varicose veins ☐ Edema
☐ Pigmentation ☐ Healed ulcers ☐ Active ulcers

LEFT LEG (check all that apply)

☐ No signs of venous disease ☐ Spider veins
☐ Visible varicose veins ☐ Edema
☐ Pigmentation ☐ Healed ulcers ☐ Active ulcers

_____
Patient Signature Date