Austin Vein and Vascular Clinic

Male Patient Health History Form

Name:______________________________________Age:______Date:______________

How did you hear about us?____

Did a physician refer you? If so, whom?____

Please briefly describe your chief complaint: ___________________________________

____

Past Medical History

1. Have you ever had vein surgery, vein injections, laser treatment, or any other type of vein treatment?

   Yes No

   If yes, what type and when?____

2. Have you had any tests done or evaluations of your veins? Yes No

   If yes, who, what, and when?____

2. Have you ever had a blood clot? Yes No

   If yes, what leg and when?____

   Were you treated with a blood thinner (Heparin, Coumadin)?

   Yes No

3. Have you ever had phlebitis (inflammation of a vein)? Yes No

   If yes, what leg and when?____

Family Medical History

1. Does anyone in your family have varicose veins, spider veins, or leg ulcers?

   Yes No

   Who?____

Current History

1. Do you have heart disease? Yes No
   Lung disease Yes No
   High blood pressure Yes No
   Arthritis Yes No
   Other____

2. Do you have any allergies (medicines, latex, tape, food)? Yes No
   ____

3. Please list any medications you take including prescription and over-the-counter.
   ____

4. Do you experience any of the following with your legs?
   Aching/pain Yes No
   Heaviness Yes No
   Tiredness/fatigue Yes No
   Itching/burning Yes No
   Swollen ankles Yes No
   Cramping/throbbing Yes No

5. Do you have varicose veins? Yes No
   Spider veins? Yes No
   For how long?____

6. Have your veins gotten worse in recent months? Yes No

7. How long have you had leg discomfort? ________________________________

8. What methods do you use to relieve your leg discomfort?

   - Compression stockings/support hose
     If yes, how long have you worn them?________________________
     Do they help?____________________

   - No discomfort
   - Leg Elevation
   - Exercise
   - Walking
   - Warm Soaks
   - Cold Packs
   - Aspirin
   - Tylenol
   - Ibuprofen
   - Pain meds

- Other method__________________