



**VENOUS MEDICAL HISTORY QUESTIONNAIRE**

Patient's Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please describe your medical problem: \_\_\_\_\_

Have you had any of the following medical conditions:

- Heart Murmur       YES                       NO
- Bleeding Disorder     YES                       NO
- Rheumatic Fever       YES                       NO

When did the symptoms start? \_\_\_\_\_ When did the veins first appear? \_\_\_\_\_

What is the reason you are seeking medical treatment:     Cosmetic                       Medical

Have you seen any doctors for the treatment of your veins (e.g. surgery, injection, laser, phlebectomy)?

YES               NO      If yes please explain: \_\_\_\_\_

Do you elevate your legs to control symptoms?                       YES                       NO  
If yes does this help?                       YES                       NO

Are the problems that you are having in your legs interfering with your lifestyle?

NO               YES      If yes, please explain: \_\_\_\_\_

Do you wear or have you ever worn compression stockings?                       YES                       NO  
Have you worn them compression stockings for at least 6 weeks?     YES                       NO  
If yes, do/did they help?                       YES                       NO

If yes please list what type of stocking you use(d) \_\_\_\_\_

Do you exercise regularly:     NO                       YES      If yes, how often per week? \_\_\_\_\_

- Are your symptoms worse at the end of the day:                       YES                       NO
- Are you required to be on your feet for long periods of time?     YES                       NO
- Have you ever had blood clots, bleeding, or ulcers in your legs?     YES                       NO
- Are you pregnant, or planning a pregnancy soon:                       YES                       NO       N/A

If yes, please explain in detail when and in which leg: \_\_\_\_\_

Have you used any of the following medications for your symptoms?:

\_\_\_ Advil    \_\_\_ Aspirin    \_\_\_ Aleve    \_\_\_ Anti-inflammatory    \_\_\_ Tylenol    \_\_\_ Motrin    \_\_\_ Naprosyn

Do you have any other leg symptoms?     NO       YES      If yes, please explain: \_\_\_\_\_