

VENOUS HISTORY



Patient Name: _____ Date: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____ SS#: _____

E-mail Address: _____ How did you hear about us? _____

Would you like to be on the Medicus PRIVATE mailing list to receive information about promotional offers? Yes No

Condition for which you are here today: _____

Progression/Complications: _____

Current Medications: _____ Allergies: _____

_____ Problems with Local Anesthesia including lidocaine yes no

Are you pregnant, nursing or planning a pregnancy in the near future? yes no

(Mark all that apply)

Symptoms:

- aches
- heavy/full
- cramping
- pain
- itch
- burning
- easy bruise
- bleed/hemorrhage
- pelvic symptoms
- muscle fatigue
- leg restlessness
- swelling:
- after prolonged standing
- during daily activities
- ulceration:
- healed
- non-healed
- how long? _____
- other: _____
- I am able to walk 1 mile without symptoms
- symptoms interfere with activities of daily living

Worse:

- standing
- sitting
- walking/exercise
- heat
- pre-menstrual
- night
- other: _____
- worsening of symptoms with pregnancy

Conservative Therapy:

- attempted for greater than 3-6 months
- elevation
- exercise
- elastic compression garment: how long? _____
- other: _____
- medications: _____ (Advil / Aspirin / Aleve / Anti-inflammatory / Tylenol / Motrin / Naprosyn)

Previous Invasive Treatment:

- Surgery: stripping - Right Leg stripping - Left Leg Date: _____
 ligation - Right Leg ligation - Left Leg Date: _____
- Injections: Right Leg Left Leg Date: _____
- Laser: Right Leg Left Leg Date: _____

Comments: _____

(Patient Signature)

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