



NORTHWEST

# Vein & Aesthetic Center

4700 Point Fosdick Dr. NW, Suite 307 Gig Harbor, WA 98335  
253-857-8346 (VEIN) www.nwveins.com

## VENOUS HISTORY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please check if you have had any of the following:

- Bleeding Disorder       Deep Venous Thrombosis       HIV       MRSA
- Pulmonary Embolism       Superficial Phlebitis       Hepatitis

Are you pregnant or nursing?      YES      NO      N/A

DO YOU HAVE .... (Please check):

- Aching or throbbing       Ankle/leg swelling       Skin changes       Hard lumps
- Tired/Heavy legs       Leg pain       Ulcers or ulceration       Spider veins
- Burning pain in leg       Tenderness       Red/warm areas       Facial veins
- Night cramps       Varicose veins (bulging)       Itching       Other: \_\_\_\_\_

### PERSONAL HISTORY OF VARICOSE VEINS OR SPIDER VEINS:

How many years have you had trouble with your veins? \_\_\_\_\_

- Related to pregnancy      YES NO
  - Related to accident/trauma      YES NO
  - Are you developing new veins?      YES NO
  - Does your discomfort/leg pain interfere with your activities of daily living?      YES NO
  - If yes, how? \_\_\_\_\_
  - Are your symptoms relieved with rest/elevation of leg(s)?      YES NO
  - Do you need to stop to elevate your legs throughout the day?      YES NO
  - Do your symptoms require you to make accommodations at work?      YES NO
  - Do you feel the need to sit after standing for a short period of time?      YES NO
- Are your symptoms worse with:  
Prolonged standing      YES NO  
Prolonged sitting      YES NO  
Menstrual cycle      YES NO

### FAMILY HISTORY OF VARICOSE VEINS OR SPIDER VEINS:

- Mother     Father     Brother     Sister     Grandmother     Grandfather     Aunt     Uncle     None

### PREVIOUS CONSERVATIVE TREATMENT YOU HAVE TRIED:

Have you ever worn compression stockings for your veins?      YES      NO

When? \_\_\_\_\_ How Long? \_\_\_\_\_

How did they affect your symptoms (leg pain/swelling)?

Completely helped \_\_\_\_\_ Partially helped \_\_\_\_\_ Didn't help \_\_\_\_\_

Do you take pain medications (Advil, Tylenol) for your leg pain/veins?      YES      NO

### PREVIOUS TREATMENT HISTORY:

Ligation/Stripping surgery      YES      NO      If so, which leg? \_\_\_\_\_ When? \_\_\_\_\_

Injection treatments      YES      NO      If so, which leg? \_\_\_\_\_ When? \_\_\_\_\_

Laser therapy      YES      NO      If so, which leg? \_\_\_\_\_ When? \_\_\_\_\_

Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_