



**Venous Health History Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M F Physician Name: \_\_\_\_\_

Directions: Please answer the following questions. Provide your best estimate for dates of occurrence.

**Past Medical History**

- 1. Have you ever had vein stripping surgery? Yes No  
If yes, when and which leg? \_\_\_\_\_
- 2. Have you ever had vein injections? Yes No  
If yes, when, which leg and where? \_\_\_\_\_
- 3. Have you ever had a blood clot? Yes No  
If yes, which leg and when? \_\_\_\_\_
- 4. Have you ever had Phlebitis? Yes No  
If yes, which leg and when? \_\_\_\_\_

**Family History**

Does anyone in your family have (or used to have) varicose veins, spider veins, leg ulcers or swollen legs?

- Father..... Yes No
- Mother..... Yes No
- Brother (s)..... Yes No
- Sister (s)..... Yes No
- Other \_\_\_\_\_ Yes No

- 1. Do you experience any of the following:
  - a. Aching/pain in your legs Yes No
  - b. Heaviness? Yes No
  - c. Tiredness/Fatigue? Yes No
  - d. Itching/burning? Yes No
  - e. Swollen ankles? Yes No
  - f. Leg Cramps? Yes No
  - g. Restless legs? Yes No
  - h. Throbbing? Yes No
  - Other? \_\_\_\_\_ Yes No
  - Do you experience these problems in just one or both legs? One Both

- |  |     |    |
|--|-----|----|
| 2. Have your veins gotten worse in recent months?  | Yes | No |
| 3. Do you take any medication for pain (e.g., Advil etc)<br>If yes, what medication and how often? _____                 | Yes | No |
| 4. Do you elevate your legs to relieve discomfort?   | Yes | No |
| 5. Do you wear support hose prescribed by a doctor?<br>If yes, what type and how long have you worn them? _____          | Yes | No |
| 6. Do you wear light support hose (e. sheer energy)?   | Yes | No |
| 7. Do they provide relief?   | Yes | No |
| 8. Do you have any problems walking?<br>If yes, how does it affect you? _____  | Yes | No |
| 9. Do you stand too much at work?  | Yes | No |
| 10. Do you stand too much at home?   | Yes | No |
| 11. Have you ever had any test (s) done on your veins?<br>If yes, when, what type of test and where on the<br>leg? _____ | Yes | No |
| 12. Were you diagnosed with saphenous vein reflux?   | Yes | No |