

VASCULAR & VEIN SPECIALISTS MEDICAL HISTORY FORM

Name _____ Age _____ Date _____

Referring Physician _____ Primary Physician _____

MEDICAL HISTORY (check or list all that apply)

- Diabetes: age of onset _____ on insulin? Yes No
- High Blood Pressure
- High Cholesterol
- Previous Heart Attack: if so, when? _____
- Congestive Heart Failure _____
- COPD/Emphysema _____
- Other _____

LIST PREVIOUS SURGERIES

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SOCIAL HISTORY (check or fill out all that apply)

- Marital Status Single Married Widowed Number of Children _____
- Occupation _____ Retired
- Do you currently smoke? No Yes if so, how many packs per day? _____
- Did you ever smoke? No Yes if so, when did you quit? _____
- Do you drink alcohol regularly? No Yes if so, how much? _____

FAMILY HISTORY – Did any family members have heart or vascular disease when they were younger than 60 years old? If so, describe.

Mother _____ Father _____

Brothers _____ Sisters _____

REVIEW OF SYSTEMS (check or fill out all that apply)

GENERAL

- Weight loss
- Weight gain
- Loss of appetite
- Fever
- Height _____
- Weight _____

VASCULAR

- Pain in legs with walking
- Pain in feet while lying flat
- Non-healing ulcer
- Stroke
- "Mini Stroke"
- Slurred speech
- Temporary blindness
- Blood clot in vein
- Phlebitis

CARDIAC

- Chest Pain
- Chest tightness/pressure
- Shortness of breath while lying flat
- Shortness of breath with exertion
- Palpitations
- Heart murmur
- Arrhythmia
- Atrial fibrillation

GASTROINTESTINAL

- Black stool
- Blood in stool
- Peptic ulcer disease
- Reflux
- Hiatal hernia
- Trouble Swallowing
- Diarrhea
- Constipation

NEUROLOGIC

- Dizziness
- Blackouts
- Headaches
- Seizure

PULMONARY

- Home oxygen
- Productive cough
- Bronchitis
- Coughing up blood
- Asthma
- Wheezing

HEMATOLOGIC

- Bleeding problems
- Clotting disorder
- Anemia

URINARY

- Kidney disease
- Burning w/urination
- Frequent urination
- Difficulty urinating

EAR/NOSE/THROAT

- Change in eyesight
- Change in hearing
- Nose bleeds
- Sore throat

MUSCULOSKELETAL

- Arthritis
- Joint Pain
- Muscle pain

PSYCHIATRIC

- Depression
- Anxiety
- Attention Deficit Disorder

SKIN

- Ulcers where? _____
- Rashes where? _____