

Venous Health History Form

Name: _____ Date: _____

Age: _____ Sex: M F

Doctor 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 on the leg? _____

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	_____		

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? _____
- 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 elevate your legs to relieve discomfort? Yes No
4. Do you wear support hose prescribed by a doctor? Yes No
If yes, what type and how long have you worn them? _____
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5. Do you wear light support hose (eg, sheer energy)? Yes No
6. Do they provide relief? Yes No
7. Do you have any problem walking? Yes No
If yes, how does it affect you? _____
8. Do you stand much at work? Yes No
at home? Yes No
9. Have you ever had any test(s) done on your veins? Yes No
10. Were you diagnosed with saphenous vein reflux? Yes No