Advanced Vein & Laser Centre, Ltd.

Patient History and Evaluation Form

Name	*Age*	*Date*

What made you seek treatment at this time?

*Please list your **current medications** (prescription, non-prescription, hormones, birth control pills, vitamins, herbal supplements, other)*

*Please list any **allergies** (medications, iodine, foods, latex, other)*

*Please check any **symptoms** you experience. You may provide comments below.*

☐ Aching ☐ Burning ☐ Heaviness ☐ Itching ☐ Leg cramps
☐ Pain ☐ Swelling of leg or ankle ☐ Throbbing ☐ Tiredness
☐ Leg restlessness (am/pm) Comments: _____

*What **helps** your symptoms? Have you tried for six weeks (or longer) any of the following?*

☐ Analgesics ☐ Elevation of legs ☐ Weight loss
☐ Avoidance of prolonged sitting and standing ☐ Walking
☐ Exercise
☐ Compression hose

» How many months / years? _____
» Prescribed by Dr. _____

*What makes your symptoms **worse**?*

☐ Menstruation (prior to or during) ☐ Standing ☐ Sitting
☐ Other (please describe):

*Please check **only** if previous vein treatment.*

☐ Prior vein injection or laser
When & where? _____

☐ Prior vein surgery
When & where? _____

☐ A family history of varicose veins:

Who? _____

*Please check any **conditions or operations** which you have or have had.*

☐ Bleeding or clotting problems
☐ Blood clots in your leg
☐ Diabetes
☐ Heart problems/Heart Disease
☐ Hepatitis, HIV, or AIDS
☐ High blood pressures
☐ Leg ulcers
☐ Spontaneous bleeding of the leg
☐ Cancer
☐ Leg Trauma/Surgery

• *Use back if needed.* • *List all.*

☐ Non-vein related surgery
When & where? _____

☐ Other condition or surgical treatment
When & where? _____

*If you are a **woman**, are you:*

☐ Pregnant or actively trying to get pregnant
☐ Breast feeding

How many times have you been pregnant? _____

How many full-term births have you given? _____

*Have you **experienced** any of the following?*

☐ Episodes of superficial phlebitis (an area that would appear reddened, warm, tender, and painful to touch)
☐ An open wound or non-healing wound (usually near the ankle)
☐ Any skin color or texture changes (usually near the ankle) including white patches, browning of the skin, or thickening of the skin
☐ Any episodes of bleeding from a varicose vein
☐ Leg swelling that doesn't improve with elevation