

Patient Health History Form For Non-Varicose Veins Patients

Name: _____ Date: _____

Age: _____ DOB: _____ Sex: M F

Email: _____

Primary Care MD: _____

How did you hear about us? _____

Current Problem

Please describe your current problem.

How long have you had this problem? _____

Have you ever had any treatment related to this problem? Yes No

If so, what treatment(s)?

Past Medical History

Do you have any medical problems? (Example: diabetes, high blood pressure)

Please list all prior surgeries and when they were performed:

List any medications you are allergic to:

Are you taking any medications? Yes No

If yes, please list each one and include the daily dosage:

Social History

What is your occupation and does it involve of lot of standing?

Do you smoke? Yes No Quit? _____ years ago

If yes, how much: _____ pack/day

Alcohol use (circle one): No Socially 1 drink/day >1 drink/day

Family History

Mother Age: _____ Medical Conditions: _____

Father Age: _____ Medical Conditions: _____

Brothers #: _____ Medical Conditions: _____

Sisters #: _____ Medical Conditions: _____

Children

Sons #: _____ Medical Conditions: _____

Daughters #: _____ Medical Conditions: _____

Symptoms

Please list any relevant symptoms that you currently have or have had in the past:

General

- Fever
- Chills
- Pruritis (Itching)
- Fatigue
- Weight Loss

Skin

- Lesions
- Skin cancer
- Psoriasis
- Eczema

Ears

- Decreased hearing
- Ringing
- Dizziness
- Pain

Eyes

- Visual changes
- Infection
- Tearing
- Dry eyes

Nose

- Bleeding
- Allergies
- Nasal polyps

Mouth

- Dental problems
- Change in taste
- Dentures
- Dry mouth
- TM joint problems
- Hoarseness
- Swallowing pain

Neck

- Thyroid problems
- Lumps, masses

Breasts

- Masses
- Discharge
- Pain

Respiratory

- Shortness of breath
- Asthma
- COPD
- TB

- Bronchitis
- Wheezing
- Cough
- Chest tightness
- Pulmonary embolus
- Excessive snoring
- Sleep apnea

Cardiovascular

- Hypertension
- Chest pain
- Angina
- Heart Attack
- Angioplasty
- Murmur
- Rapid heart beat
- Fainting
- Leg swelling

Peripheral vascular

- Pain with walking
- Leg cramping

Abdominal

- Pain
- Nausea/vomiting
- Change in bowel habits
- Diarrhea
- Constipation
- Blood in stool
- History of polyps
- Pancreatitis
- Gallstones
- Appendicitis
- Irritable bowel
- Inflammatory bowel
- Hepatitis
- Hernias
- Hemorrhoids

Sexual history

- Decrease libido
- Sexual difficulties
- Erectile dysfunction
- Painful intercourse
- Infertility issues

GU (men and women)

- Urgency
- Frequency
- Burning
- Flank pain
- Bladder pain

- Blood in urine
- Kidney Stones
- Urinary tract infection
- Incontinence

GU (women)

- Irregular menses
- Painful periods
- Hot flashes
- Pregnancy loss

Extremities - muscle joints

- Joint pain
- Morning stiffness
- Joint injuries
- Limb swelling
- Muscle pain
- Back pain
- Neck pain
- Herniated disc

Neurologic

- Seizures or epilepsy
- Stroke
- Headaches
- Dizziness
- Walking problems
- Numbness or tingling
- Memory loss
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Endocrine

- Thyroid problems
- Heat or cold intolerance
- Diabetes

Hematologic

- Anemia
- Swollen lymph nodes
- Leukemia
- Lymphoma
- Bleeding problems

Psychiatric

- Depression
- Anxious
- Phobias
- OCD behaviors
- Panic attacks

Others
