

Vein Clinic Port Elizabeth

Patient Medical History

Date:

Name:

Age:

Weight:

Height:

Condition	Yes	No	Treatment/Comment
Hypertention			
Diabetic			
Cholesterol			
Asthma			
Epilepsy			
TB			
Glaucoma			
HIV			
Rheumatic Fever			
Heart Disease			
Cancer			
Thyroid			
Alcohol use			
Tobacco use (Number of cigarettes per day)			
Recreational Drug use			
Headaches/Migraines			
Recent Chest Infections			
Anaemia			
Bleeder/Haemophiliac			
Kidney/Liver disorders			
Porphyria			
Anti-coagulants (Blood Thinners)			
Poor Blood Circulation/ Raynauds Disease			

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Patient Medical History continued

Male:

Do you have any of the following?

- * Varicoele/varicose veins of testes or scrotum? Yes / No
- * Veins over bladder, back or private parts? Yes / No
- * History of DVT (Deep Vein Thrombosis)? Yes / No

If yes please explain:

Female:

Do you have any of the following?

- * Do you have any gynaecological issues? Yes / No

If yes please explain:

- * Do you have any pelvic or lower abdominal veins? Yes / No

If yes please explain:

- * History of DVT (Deep Vein Thrombosis)? Yes / No

If yes please explain:

Allergies to medication	Reaction

Surgical History

Operation Type	Date	Complications

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Patient Medical History continued

Vein questionnaire?

1. Which leg are we examining? Right / Left / Both
2. Have you had any previous vein procedures? Yes / No
3. If yes , which procedure(s)?
 - * Spider Vein Injections
 - * Radio frequency ablation (RFA)
 - * Other
 - * Vein Stripping
 - * Microphlebectomy
4. Have you had any recent ultrasound on leg(s)? Yes / No
If yes, when and where? _____
5. How many years have you suffered from varicose or spider veins?

6. Do you have or have you had any of the following?

	Right Leg	Left Leg	Both
Unsightly Veins			
Pigmentation			
Dermatitis (eczema)			
Aches and pain in the legs			
Heaviness or tired legs			
Night cramps in the legs			
Itching legs			
Pins and needles in legs			
Numbness in legs			
Burning sensation in legs			
Restless legs			
Swelling in legs or ankles			
Ulcerations on the leg			
Blood clots(requiring blood thinners)			
Superficial Phlebitis (clots on surface of veins)			
Pulmonary Emboli (blood clots in lungs)			
Recent or remote leg trauma			

6. Do you have family history of varicose veins? Yes / No
If yes explain _____
7. What activities cause pain or discomfort? _____
8. What brings you relief? _____
9. Are you unable to perform specific activities due to this problems? If yes please list:

10. Do you have or have you used any compression stockings? Yes / No
11. Do you elevate your legs when resting? Yes / No
If yes how often do you elevate your legs? _____

Signed at Vein Clinic Port Elizabeth on the: _____
 Patient signature: _____
 Witness: _____