

The Vein Center at Savannah Vascular Institute

4750 Waters Avenue Suite 500
Savannah, GA 31404

(912) 350-5961
(912) 350-5942

Venous Medical History

Name _____ Date _____

1) Which of the following are causing you concern? (circle all that apply)

Spider veins Bulging varicose veins Leg swelling

2) How long have your veins been a problem? _____

3) Are your veins getting worse? YES NO

4) Does prolonged sitting or standing aggravate your veins? YES NO

5) Have you ever noticed any of the following occur during activity or after prolonged standing? (circle all that apply)

Aching Fatigue Feeling of heaviness Pain Burning
Exercise intolerance Swelling Itching Skin changes

6) Have you ever had any of the following? (circle all that apply)

Bleeding from a ruptured vein Non-healing skin ulceration
Significant, recurrent superficial phlebitis

7) Have you ever been treated for ulcerations or a blood clot in your leg? If yes, when and which leg?

8) Are you allergic to Lidocaine? YES NO

9) Pictures taken/on chart YES NO

10) Handout given VARICOSE VEIN SCLEROTHERAPY

Nurses Signature: _____ Date: _____

Physician review/signature: _____ Date: _____