



Steven L. Kaufman, M.D., Ph.D., F.A.C.S.

1136 E. Stuart Street, Suite 4102, Fort Collins, CO 80525

Phone: 970-498-8346 | Fax: 970-419-8346 | Email: info@totalvein.net

CONFIDENTIAL HEALTH & VASCULAR HISTORY

PATIENT INFORMATION

Name: _____ Date: _____

Age: _____ Sex: _____ Date of Birth: _____

HOW DID YOU HEAR ABOUT US?

Referring Doctor: _____

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Aspen Club | <input type="checkbox"/> Health Beat |
| <input type="checkbox"/> Bus Advertising | <input type="checkbox"/> Internet/Website |
| <input type="checkbox"/> Bus Shelter | <input type="checkbox"/> KUNC |
| <input type="checkbox"/> Coloradoan | <input type="checkbox"/> Style Magazine |
| <input type="checkbox"/> Discover Magazine | <input type="checkbox"/> Vein Screening |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Greeley Tribune | <input type="checkbox"/> Your Health |
| <input type="checkbox"/> Other: _____ | |

PRIMARY CARE INFORMATION

Primary Care Physician: _____ Phone #: _____

PROBLEM: _____

Years with varicose/spider veins: _____

Which leg bothers you more? Right Left

SYMPTOMS:

Please check all that apply to your legs or ankles:		Right/Left	
<input type="checkbox"/> Unsightly or bulging veins:		R L	<input type="checkbox"/> Skin ulcerations R L
How Long? _____			Healed? _____
Association with pregnancy? _____			Unhealed? _____
<input type="checkbox"/> Ache/Pain		R L	Duration:
<input type="checkbox"/> Cramps		R L	<input type="checkbox"/> Bleeding from veins R L
<input type="checkbox"/> Swelling		R L	Transfusion? _____
<input type="checkbox"/> Tiredness/Heaviness/Fatigue		R L	<input type="checkbox"/> Abdominal Veins
<input type="checkbox"/> Restlessness		R L	<input type="checkbox"/> Pelvic Symptoms
<input type="checkbox"/> Itching/Burning		R L	
<input type="checkbox"/> Dermatitis (Eczema)		R L	
<input type="checkbox"/> Pigmentation (Discoloration) below knee		R L	

WORSENING OF SYMPTOMS:

Please check all that further exacerbate your symptoms:

- Prolonged immobility (sitting or standing)
- Walking/Exercise
- Heat
- Pre-menstrual
- Pregnancy
- Sleeping at night

CONSERVATIVE THERAPY:

- Elevation Relief? Yes No
- Exercise Relief? Yes No
- Weight loss
- Flexion/Extension of feet
- Avoidance of *immobility* (prolonged standing or sitting)
- Warm soaks
- Cold packs
- Compression stockings How long? _____
- Pain medication/analgesics
- Other: _____

MEDICAL HISTORY

Do **you** have a history of?

Please check all that apply:

- Atherosclerosis
- Bleeding/Blood disorder
- Constipation
- Deep vein thrombosis/clot
- Diabetes; insulin dependent
- Other: _____
- Hypertension
- Lupus
- Pulmonary embolus
- Superficial thrombophlebitis
- Trauma to legs
- Easy bruising

Is there a history of spider or varicose veins in **your family**?

- Mother
- Siblings
- Grandparents
- Father
- Aunt/Uncle
- Child

Is there a history of deep venous thrombosis, stroke, or clotting disorders in **your family**?

- Mother
- Siblings
- Grandparents
- Father
- Aunt/Uncle
- Child

OTHER MEDICAL INFORMATION

Do you have allergies or sensitivities to tape, iodine, or latex?

List all: _____

Are you pregnant or planning to be soon?	Yes	No
Are you currently breastfeeding?	Yes	No
Do you take oral contraceptive or hormone-replacement therapy on a regular basis?	Yes	No

Do your symptoms interfere with activities of daily living? Yes No

Have you been treated for your veins before? Yes No
By whom? _____ When? _____

What method?

- | | |
|--|--|
| <input type="checkbox"/> Ligation | <input type="checkbox"/> Ambulatory Phlebectomy |
| <input type="checkbox"/> Stripping | <input type="checkbox"/> Sclerotherapy (Injections) |
| <input type="checkbox"/> Radiofrequency Closure® | <input type="checkbox"/> Ultrasound-Guided Sclerotherapy |
| <input type="checkbox"/> Laser Ablation | <input type="checkbox"/> Laser for Spider Vein |
| <input type="checkbox"/> Other: _____ | |

What have your results been? _____

What about your legs would you most like to correct? _____
