



Williams C. Fox, M.D. • Eric P. Hardee, M.D. • AJ Valenson, M.D.

# TEXAS ENDOVASCULAR

5 CONVENIENT LOCATIONS IN BELLAIRE, KATY, SUGAR LAND, CLEAR LAKE & THE WOODLANDS

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance Company & ID: \_\_\_\_\_

## PATIENT COMPLAINTS: PATIENT RISK FACTORS:

- Leg Fatigue, Heaviness or Cramping
- Pale, Discolored or Blue Feet/Toes
- Wounds on Toes or Feet
- Leg or Foot Pain at Rest or While Sleeping
- Cold Legs or Feet
- Thick Yellow Toenails

- Current or Former Smoker
- Diabetic
- Hypertension
- Diminished Pulses/Decreased ABI
- High Blood Pressure
- High Cholesterol

Other/Notes: \_\_\_\_\_

### PLEASE EVALUATE WITH:

- Non-Invasive Arterial Testing (ABI, Segmental Pressures, Arterial Duplex)

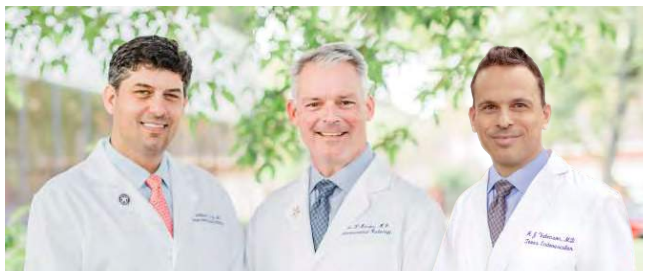
Referring Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PLEASE FAX FORM TO: 713.575.3688**

**CALL TODAY • 713.575.3686 WWW.TEXASEVA.COM**

### 5 CONVENIENT LOCATIONS



Williams C. Fox, M.D. • Eric P. Hardee, M.D. • AJ Valenson, M.D.

- 4747 Bellaire Boulevard, Suite 575, Bellaire, TX 77401
- 1331 W. Grand Pkwy N., Suite 210, Katy, TX 77493
- 15555 Creekbend Dr., Suite 200, Sugar Land, TX 77478
- 390 East Medical Center Blvd, Clear Lake, TX 77598
- 3117 College Park Dr., Suite 210, The Woodlands, TX 77384

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## PLEASE EVALUATE FOR FOLLOWING CONDITIONS:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Varicose Veins         | <input type="checkbox"/> Spontaneous Bleeding              | <input type="checkbox"/> Deep Vein Thrombosis              |
| <input type="checkbox"/> Swelling or Lymphedema | <input type="checkbox"/> Recurrent Cellulitis              | <input type="checkbox"/> Varicocele                        |
| <input type="checkbox"/> Leg Pain               | <input type="checkbox"/> Venous Dermatitis (Rash; Itching) | <input type="checkbox"/> Pelvic Congestion Syndrome        |
| <input type="checkbox"/> Restless Leg Syndrome  | <input type="checkbox"/> Hyperpigmentation/Skin Changes    | <input type="checkbox"/> Uterine Fibroids (UFE)            |
| <input type="checkbox"/> Foot and Ankle Ulcers  | <input type="checkbox"/> Spider Veins                      | <input type="checkbox"/> Peripheral Arterial Disease (PAD) |

Other/Notes: \_\_\_\_\_

### PLEASE EVALUATE WITH:

- Venous Ultrasound  Non-Invasive Arterial Testing (ABI, Segmental Pressures, Arterial Duplex)

Referring Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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