TEXAS ENDOVASCULAR

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name (Last, First, M.I.):			☐ Male ☐ Female	**DOB:**	
Marital status:	☐ Single	☐ Married	☐ Separated	☐ Divorced	☐ Widowed
How did you hear about us?		☐ Doctor referral		☐ Friend / Family	
☐ Internet search		☐ Insurance plan		☐ Other	
Referring doctor:			**Primary Care Physician:**		
Dermatologist:			**Podiatrist:**		
OB / Gyn:			**Other doctor:**		
Pharmacy:			**Pharmacy Phone Number:**		

HISTORY OF PRESENT ILLNESS: (Please check all that apply)		
☐ Discomfort or fatigue with walking or climbing stairs	☐ Rest from activity helps alleviate discomfort or fatigue in legs	☐ Hair Loss on the Legs
☐ Cramping of the buttocks, thighs or calves with activity	☐ Cramping of the legs at night	☐ Ulcers
☐ Burning	☐ Itching	☐ Achy legs at rest
☐ Numbness or tingling	☐ Leg heaviness	☐ Skin changes/rashes
☐ Leg fatigue with prolonged sitting or standing	☐ Spontaneous bleeding	☐ Leg restlessness
☐ Cellulitis / Skin infection	☐ Pelvic pain	☐ Swelling
☐ Spider veins	☐ Bulging varicose veins	☐ Other
FACTORS THAT MAKE YOUR SYMPTOMS WORSE: (check all that apply)		
☐ Prolonged standing	☐ Prolonged sitting	☐ Warm weather
☐ Menstrual cycle	☐ Pregnancy	☐ Intercourse
☐ Exercise: How far can you walk before you need to stop?	☐ Job requirements:	☐ Other:

TEXAS ENDOVASCULAR

FAMILY HISTORY OF ARTERIAL OR VEIN DISEASE				
☐ Mother	☐ Arterial	☐ Vein	☐ YES	☐ NO
☐ Father	☐ Arterial	☐ Vein	☐ YES	☐ NO
☐ Sibling: Brother / Sister	☐ Arterial	☐ Vein	☐ YES	☐ NO
☐ Grandparent: Maternal / Paternal	☐ Arterial	☐ Vein	☐ YES	☐ NO

SURGERIES	
Year	Operation

PRIOR VASCULAR TREATMENTS: (check all that apply)		
☐ RFA or EVLT vein ablation	☐ Phlebectomy / vein removal	☐ Vein stripping
☐ Vein ligation	☐ Ultrasound guided injections	☐ Spider vein sclerotherapy
☐ Vein harvesting for bypass	☐ Arterial angioplasty	☐ Arterial stent
☐ Arterial bypass	☐ Other	

FACTORS THAT MAKE YOUR SYMPTOMS BETTER: (check all that apply)		
☐ Leg elevation	☐ Exercise	☐ Rest from activity
☐ Compression stockings	Who prescribed compression stockings?	Date prescribed:
☐ Massage	☐ Pain medication	☐ Supplements

OTHER MEDICAL PROBLEMS		
☐ Heart disease / CAD	☐ Peripheral arterial disease	☐ High blood pressure
☐ Stroke / TIA	☐ High cholesterol	☐ Diabetes
☐ COPD	☐ Hole in heart / Patent foramen ovale	☐ Migraines with aura
☐ Blood clot / DVT	☐ Pulmonary embolus / PE	☐ Blood clotting disorder
☐ Kidney disease	☐ Hepatitis	☐ HIV / AIDS
☐ Fibromyalgia	☐ Other	

TEXAS ENDOVASCULAR

MEDICATIONS:	
MEDICATION ALLERGIES:	☐ **No known drug allergies**

FEMALES ONLY:		
Are you pregnant now or plan on becoming pregnant soon?	☐ YES	☐ NO
Are you currently breastfeeding?	☐ YES	☐ NO
Do you have more leg discomfort during your menstrual cycle?	☐ YES	☐ NO
Do you have more pelvic pain during your menstrual cycle?	☐ YES	☐ NO
Do you have pelvic pain which is worse during intercourse?	☐ YES	☐ NO
SOCIAL HISTORY		
Occupation:		
Does your job require prolonged standing?	☐ YES	☐ NO
Does your job require prolonged sitting?	☐ YES	☐ NO
Do your leg symptoms interfere with your work requirements?	☐ YES	☐ NO
Do you currently of have you ever smoked?	☐ YES	☐ NO
If you have smoked regularly, how many years have you smoked?		
If you have ever smoked, how many pack per day?		
How many alcoholic beverages do you consume per week?		

TEXAS ENDOVASCULAR

CURRENT SYMPTOMS

GENERAL
- ☐ Fatigue
- ☐ Fever
- ☐ Weight Loss
- ☐ Weight Gain

EYES
- ☐ Change in Vision
- ☐ Double Vision
- ☐ Pain

EARS, NOSE, THROAT
- ☐ Hearing Loss
- ☐ Ear Pain
- ☐ Nose Bleeds
- ☐ Sore Throat

CARDIOVASCULAR
- ☐ Chest Pain
- ☐ Palpitaions
- ☐ Prior DVT (Blood Clot)
- ☐ Heart Defect

RESPIRATORY
- ☐ Shortness of Breath
- ☐ Cough
- ☐ Wheezing

GASTROINTESTINAL
- ☐ Abdominal Pain
- ☐ Constipation
- ☐ Diarrhea
- ☐ Nausea and Vomiting

GENITOURINARY
- ☐ Increased Urination
- ☐ Urinating at Night
- ☐ Bloody Urine
- ☐ Pelvic Pain
- ☐ Heavy Periods

MUSCULOSKELETAL
- ☐ Leg Pain
- ☐ Leg Swelling
- ☐ Back Pain

SKIN
- ☐ Wounds on Feet
- ☐ Skin Changes
- ☐ Skin Rashes or Itching

HEMATOLOGIC
- ☐ Easy Bleeding
- ☐ Easy Bruising
- ☐ Blood Clots

NEUROLOGIC
- ☐ Restless Legs
- ☐ Numbness or Tingling
- ☐ Headaches (Migraines)
- ☐ Dizziness / Lightheaded
- ☐ Difficulty Walking

PSYCHIATRIC
- ☐ Depression
- ☐ Anxiety
- ☐ Irritability
- ☐ Thoughts of Suicide

ENDOCRINE
- ☐ Frequent Thirst
- ☐ Frequent Urination
- ☐ Brittle Hair
- ☐ Crave Ice
- ☐ Hair Loss

OTHER
- ☐
- ☐
- ☐
- ☐
- ☐