

KimmelInstitute

LASER, VEIN & AESTHETIC CARE



Name: _____ Date: _____ DOB: _____

Patient Phone: _____ Family Physician: _____

E-mail: _____ Health Insurance: _____

How did you hear about us: _____ US Technologist _____

VASCULAR HISTORY: (please check all that apply)

Do you have or have you ever been diagnosed with:

- Blood clots R L
- Deep Vein Thrombosis (DVT) R L
- Phlebitis (Vein Redness/Tenderness) R L
- Saphenous Vein Reflux R L
- Varicose Vein Problems R L

Do you ever experience any of the following in your legs?

- Aching/pain R L
- Cramps R L
- Heaviness R L
- Itching/Burning R L
- Restless Legs R L
- Skin or ulcer problems R L
- Swelling R L
- Throbbing R L
- Tiredness/Fatigue R L
- Other: _____ R L

Which of the following do you currently do to improve your leg vein symptoms:

- YES NO Elevation of legs Duration: _____
- YES NO Medication for pain Duration: _____
- YES NO Wear support hose Duration: _____

VEIN TREATMENT HISTORY

Have you ever being treated for varicose veins with the following?

- Laser Ablation/RF R L
- Microphlebectomy R L
- Sclerotherapy R L
- Vein Stripping Surgery R L
- Chemical Ablation/ Foam R L

PERSONAL ACTIVITIES LIST:

(please check all that apply)

- YES NO Prolonged standing for work.
- YES NO Prolonged sitting for work.
- YES NO I exercise regularly.
- YES NO I smoke
- YES NO I have been pregnant before.

OFFICE USE ONLY. TO BE COMPLETED BY YOUR US TECHNOLOGIST.

RIGHT LEG (CHECK ALL THAT APPLY)

- No sign of venous disease
- Visible signs of varicose veins
- Spider Veins
- Active ulcer
- Healed ulcer
- GSV Reflux
- Edema
- Pigmentation
- SSV Reflux

LEFT LEG (CHECK ALL THAT APPLY)

- No sign of venous disease
- Visible signs of varicose veins
- Spider Veins
- Active ulcer
- Healed ulcer
- GSV Reflux
- Edema
- Pigmentation
- SSV Reflux

TREATMENT PLAN:

- Duplex Ultrasound
- Compression stockings
- Sclerotherapy
- Other: _____

