MARK D. FORRESTAL, M.D., S.C.
NORTHWEST VEIN CARE

PATIENT HISTORY

Please fill out this page as completely as possible.

Patient Name: ______________________________ Date: ______________

☐ Male
☐ Female

_______ Age

______________________________ Occupation

Were you referred by your Physician? ☐ Yes ☐ No

If Yes, M.D. Name: ______________________ Specialty: ______________

What made you decide to seek treatment at this time? ______________________________

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Symptoms (Please check all that apply)

	Left	Right
Aching/pain in leg	☐	☐
Heaviness	☐	☐
Tiredness/fatigue	☐	☐
Itching/burning	☐	☐
Swelling	☐	☐
Leg cramps	☐	☐
Leg restlessness	☐	☐
Throbbing	☐	☐

Additional Comments: ______________________________

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Check box if true:

- ☐ My veins have deteriorated in recent months.
- ☐ I elevate my legs to relive discomfort
- ☐ I wear support hose.
  - Type of support hose ______________ same
  - ☐ These are prescription hose.
  - ☐ They help reduce symptoms.
- ☐ Standing makes my symptoms worse.
- ☐ I stand _______ hrs. daily.
- ☐ I smoke. _______ packs per day.
- ☐ I am able to walk 3 miles daily.

Women:
- ☐ My symptoms are worse before or during menstruation.
- ☐ I am pregnant or actively trying to become pregnant.
- ☐ I am breast feeding.

Medications Please list all medications, hormones, birth control pills, or supplements you're currently taking–by Prescription or Over the Counter.

______________ ______________

______________ ______________

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Allergies Please list all allergies to medicines, iodine, IVP dye, foods, or other substances and the type of reaction you have (e.g. hives, rash, trouble breathing, etc...)

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Medical History Please check all boxes that are true and give descriptions where appropriate.

History of:
- ☐ Vein Surgery Date: ______________________________
- ☐ Vein Injections
- ☐ Blood Clots (Phlebitis)

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- ☐ Previous Vein Evaluations
- ☐ Leg Ulcer
- ☐ Heart Disease
- ☐ HIV (AIDS)
- ☐ Other Surgeries: ______________
- ☐ Leg Swelling
- ☐ Leg Injury
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Hospitalizations

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- ☐ Pregnancies Number: ______________
- ☐ Deliveries Number: ______________
- ☐ Hepatitis
- ☐ Other: ______________________________

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Family History of:
- ☐ Varicose Veins
- ☐ Heart Disease
- ☐ Leg Ulcers
- ☐ Other (Diabetes or Vascular Disease)