



O'DONNELL

vein & laser | medical aesthetics

Patient Information

Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Marital Status: Single Married Divorced Widowed

Emergency Contact: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Referring Physician: _____ Phone: _____

How did you hear about us? _____

HIPPA Choices:

Did you receive a copy of the HIPAA notice? YES NO Allow voice msg? YES NO

Allow texts? YES NO Allow postal mail? YES NO

Primary Health Insurance Name: _____ ID #: _____

Group #: _____ Subscriber: Self Spouse Other

Subscriber's Name: _____ DOB: _____

Secondary Health Insurance Name: _____ ID #: _____

Group #: _____ Subscriber: Self Spouse Other

Subscriber's Name: _____ DOB: _____

Patient Name: _____

Height: ___' ___" Weight: _____ Gender: Male Female

Reason for Visit: _____

Chief Complaint:

- | | | |
|--|--|--|
| <input type="checkbox"/> Aching | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Awakened at night | <input type="checkbox"/> Heaviness | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Bleeding from veins | <input type="checkbox"/> Itching | <input type="checkbox"/> Spider Veins |
| <input type="checkbox"/> Burning | <input type="checkbox"/> Pain | <input type="checkbox"/> Skin Discoloration |
| <input type="checkbox"/> Cramping | <input type="checkbox"/> Restless Legs | <input type="checkbox"/> Difficulty healing wounds |
| <input type="checkbox"/> Swelling | Other: _____ | |

Which Leg: Right Left Both

Ulcer on Leg: No Yes Which leg? _____ How long? _____

Timing of Symptoms:

- Intermittently Mostly at night Only during day All day While laying down
 Bedtime Other: _____

How do these symptoms affect your daily activities of daily living?

- Work: _____
Daily Chores: _____
Care for Family: _____
Travel: _____
Walking/Exercise: _____
Other: _____

Symptoms Made Worse by:

- Walking Exercise Prolonged Standing Prolonged Sitting Leg Elevation Heat
 Premenstrual Pregnancy Travel Other: _____

Symptoms Made Better by:

Resting: how often? _____ Leg Elevation Standing Sitting Walking

Exercise Heat Other: _____

Conservative Therapy: (please check any of the conservative therapy measures you have tried)

Compression Stockings Elevation Weight Reduction Exercise Tylenol/Motrin

Avoiding prolonged sitting/standing Other: _____

How long have you been using conservative measures? _____

Past Vein Procedures: _____

Past Vein History: Deep Vein Clot Peripheral Arterial Disease Leg Ulcers Other: _____

Are you on any blood thinners? YES NO If yes, what? _____

Past Medical History:

CAD High Cholesterol Hypertension Gout Diabetes CHF HIV/AIDS

Hepatitis Mental Health Disorder Neuropathy Heart Defect Hypothyroidism

Peripheral Vascular Disease Other: _____

Past Surgical History:

Family History: Venous Disease Clotting Disorder Stroke Diabetes Hypertension

Cancer Other: _____

Social History: Alcohol Use: Never Rare Occasional Daily

Smoking: Never Current Smoker Quit >1 year Quit 1-10 years Quit 10+ years

Female History: # pregnancies planning for pregnancy breastfeeding

Allergies:

Current Medications:

Review of Systems: (please check all that apply)

Constitutional:

- Fatigue
- Fever
- Recent weight loss
- Recent weight gain

Cardiovascular:

- Chest Pain
- Palpitations
- Shortness of Breath
 - With walking
 - While lying flat
- Swelling legs/ankles
- Varicose veins

Respiratory:

- Chronic/Frequent cough
- Cough/spit up blood
- Wheezing
- Asthma

Genitourinary:

- Blood in urine
- Difficulty urinating
- Irregular/abnormal periods
- Pain or burning with urination
- Pain with intercourse
- Pain with menstruation
- Pelvic Pain
- Vulvar veins

Musculoskeletal:

- Ankle pain
- Back pain
- Foot pain
- Hip pain
- Knee pain
- Leg cramps

Integumentary:

- Easy skin bruising
- Eczema
- Hair loss
- Heavy sweating

Gastrointestinal:

- Abdominal pain
- Black tarry stools
- Changes in bowel habits
- Difficulty/pain swallowing
- Heartburn
- Hemorrhoids
- Indigestion
- Jaundice
- Pain on defecation
- Rectal bleeding
- Vomiting blood

- Itching
- Rashes
- Skin lesions
- Ulcers

Endocrine:

- Cold intolerance
- Excessive thirst
- Excessive urination
- Heat intolerance
- Incontinence

Hematologic/Lymphatic:

- Bleeding tendencies
- Enlarged lymph nodes