

OCEANA

VEIN SPECIALISTS

New Patient History Form Cont'

General Medical History

Pregnancy History

____ No Pregnancies ____ How Many?
____ First Noticed? ____ Veins Worsened?

Medications ____ None

Medication Allergies

____ None ____ Yes
If Yes, what med and what was reaction?

Prior reaction to Lidocaine, Novacaine, Iodine, or Latex?

____ None ____ Yes
If Yes, to what and what was reaction?

Past or Current Medical Conditions

____ No other problems

Past Surgeries/Date ____ None

Family with Varicose Veins

____ Mother ____ Father
____ Others _____

Social History

Occupation _____
Prolonged ____ Sitting ____ Standing ____ Both
Marital Status ____ S ____ M ____ D ____ W
Smoking ____ Never ____ Quit ____ years ago
 ____ Yes ____ Packs/day
Alcohol ____ Never ____ Social ____ Moderate

Review of Symptoms

Head & Neck ____ No Complaints
List _____

Respiratory ____ No Complaints
List _____

Cardiac ____ No Complaints
List _____

Gastrointestinal ____ No Complaints
List _____

Extremities ____ No Complaints
List _____

Neuropsych ____ No Complaints
List _____

Endocrine ____ No Complaints
List _____

Hematological ____ No Complaints
List _____