

Morrison Vein Institute a CIC Company

Venous Follow-Up Questionnaire

Please List ALL Current Medical Problems and the Physician Treating them:

_____	_____
_____	_____
_____	_____

Please list ALL Past Surgeries & What Year Performed:

_____	_____
_____	_____
_____	_____

Please List ALL Current Medications & Dosage:

Medication	Dosage	Medication	Dosage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Preferred Pharmacy

Pharmacy Name: _____ Primary Care Physician: _____

Approximate Location: (cross streets, city, etc.) _____

Please List ALL Allergies:

_____	_____
_____	_____
_____	_____

Family Medical History

Mother:

Alive Deceased

Sibling(s):

Alive Deceased _____

Alive Deceased _____

Alive Deceased _____

Father:

Alive Deceased

Other (please list):

Social History

Tobacco Usage: Currently, Every Day Currently, Some Days Former Never

Amount Used/Day: _____ Age Started: _____ Age Stopped: _____

Alcohol consumption: Currently, Every Day Currently, Some Days Former Never

Amount Used: _____ per day week

Type of Alcohol: Beer Wine Liquor Multiple

Drug Use: Yes No

Vascular History

Since your last visit have you had treatment of your veins at another facility? Y N

If yes, what treatment and by what doctor or facility: _____

Do your legs or ankles currently:

- Hurt/ache/throb
- Swell
- Cramp
- Throb
- Become restless

- Become tired/heavy
- Itch/burning
- Burn or tingle
- Skin or ulcer problems
- Other: _____

Do your symptoms still negatively affect your daily activities? (Job duties, exercise, household activities, child care, hobbies, etc.) Y N

Please give us some examples: _____

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

Medication for pain Y N What: _____

- No discomfort
- Leg elevation
- Exercise
- Flexion/extension of your feet
- Walking
- Support hose
- Wraps
- Warm soaks
- Cold packs

How long have you worn medical grade compression hose within the last year? _____

Have any of your family members had:

Varicose Veins Y N Leg: R L

Blood coagulation disorder Y N Leg: R L

Blood clots Y N Leg: R L

Stroke, heart attacks or pulmonary emboli Y N Leg: R L

What about your legs would you like corrected/improved now?
