NEWTON WELLESLEY SURGEONS, INC. – VNUS INTAKE FORM TODAY'S DATE: _____

NAME: _____ DATE OF BIRTH: _____

Height: _____ft _____in Weight: _____lbs

Do you smoke? YES ☐ NO ☐ If yes how much: _____

Do you drink alcohol? YES ☐ NO ☐ If yes how much: _____

1. When did you first notice enlarged veins? _____

2. Is one leg worse than the other? Right _____ Left_____ Same_____

3. How do the veins bother you? _____

- Sharp Pain YES ☐ NO ☐
- Aches / Discomfort YES ☐ NO ☐
- Congestion / Pressure YES ☐ NO ☐
- Swelling YES ☐ NO ☐
- Itching YES ☐ NO ☐
- Appearance YES ☐ NO ☐

4. Have you ever had these problems?

- Clots in legs (Phlebitis) YES ☐ NO ☐ Dates: _____
- Deep Vein Thrombosis YES ☐ NO ☐ Dates: _____
- Clots in Lungs (Embolus) YES ☐ NO ☐ Dates: _____
- Leg / Ankle Ulcers YES ☐ NO ☐ Dates: _____
- Vein X-Ray (Venogram) YES ☐ NO ☐ Dates: _____
- Taken Blood Thinners YES ☐ NO ☐ Dates: _____

5. Describe any experience with support stockings: _____

6. List all operations, hospitalizations, or serious illnesses:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

7. Have you had previous injection therapy of your veins? YES ☐ NO ☐ Dates: _____

Results: _____

8. Do you or have you ever had the following?

- Diabetes YES ☐ NO ☐ Dates: _____
- Thyroid Disease YES ☐ NO ☐ Dates: _____
- High Blood Pressure YES ☐ NO ☐ Dates: _____
- Heart Disease YES ☐ NO ☐ Dates: _____
- Pace Maker YES ☐ NO ☐ Dates: _____
- Metal Implants YES ☐ NO ☐ Dates: _____
- Jaundice or Hepatitis YES ☐ NO ☐ Dates: _____
- Cancer YES ☐ NO ☐ Dates: _____
- Weight Change of 10lbs in the las six months YES ☐ NO ☐ Dates: _____
- Easy Bruising or free bleeding YES ☐ NO ☐ Dates: _____
- Leg Pain YES ☐ NO ☐ Dates: _____
- Major injury or surgery in your legs YES ☐ NO ☐ Dates: _____

9. Number of pregnancies? _____ Number of deliveries? _____ Dates: _____

10. Are you pregnant? YES ☐ NO ☐

11. List hormones you've taken (including birth control pills) and dates of usage:

_____ Dates: _____

_____ Dates: _____

12. List current medications and dosages: _____

_____

_____

13. List all allergies: _____

14. Family members with vein problems:

Who: _____ Type: _____