



SPECIAL MEDICAL HISTORY DATA FOR LEG PAIN / VARICOSE VEIN EVALUATION.
PLEASE TAKE A FEW MINUTES TO COMPLETE PRIOR TO YOUR OFFICE VISIT.

How did you learn about Dr. Gueldner or Wisconsin Vein Center (circle) Newspaper Radio Friend Physician Signage Yellow Pages

SECTION 1

| Current problem(s) with legs - reason for this evaluation | Where is the pain: | <u>Right Leg</u> | <u>Left Leg</u> | <u>How Many Years?</u> |
|---|--------------------|------------------|-----------------|------------------------|
| _____ Varicose veins | Back | _____ | _____ | _____ |
| _____ Spider (small, spindly) veins | Lower limbs | _____ | _____ | _____ |
| _____ Leg pain | Thigh | _____ | _____ | _____ |
| _____ Aching, heaviness, tingling | Calf | _____ | _____ | _____ |
| _____ Edema, swelling | Foot | _____ | _____ | _____ |
| _____ Leg ulcer | | | | |
| _____ Restlessness | | | | |

| | | | | | |
|--|-------|-------|---------------------------------------|-------|-------|
| Is the pain exacerbated (made worse) by: | NO | YES | Is the pain alleviated (lessened) by: | NO | YES |
| long periods of standing | _____ | _____ | Walking or moving about | _____ | _____ |
| heat | _____ | _____ | Elevation of legs | _____ | _____ |
| cold | _____ | _____ | Lowering legs/feet | _____ | _____ |
| medications | _____ | _____ | Wearing elastic stockings | _____ | _____ |
| walking/exercising | _____ | _____ | How long have you worn them? _____ | | |
| menstrual periods | _____ | _____ | Other (specify) _____ | | |
| other (specify) _____ | | | | | |

SECTION 2

| | | |
|--|----------------|----------------|
| Do you have swelling or edema of the legs/ankles/feet? | NO | YES |
| If yes, which side | <i>Right</i> | <i>Left</i> |
| It is present in | <i>Morning</i> | <i>Evening</i> |
| Have you ever had an open sore or ulcer on your leg, ankle, toe? | NO | YES |
| Have you ever had superficial phlebitis? | NO | YES |
| (Tender, red, thickened cord along path of a vein) | | |
| Have you ever had deep vein thrombosis? | NO | YES |
| (Blood clots in deep veins of leg) | | |
| Were you hospitalized? | NO | YES |
| Were you given anticoagulants (blood thinners)? | NO | YES |
| Did this happen after pregnancy, surgery, injury? | NO | YES |
| (Please circle one if yes) | | |
| Did the blood clot pass into your lung? | NO | YES |
| (Pulmonary Embolism) | | |
| When did your vein problem first begin? _____ | | |
| Has it worsened in the past 6 to 12 months? | NO | YES |

What type of work do you do? _____

In a usual day, how much time is spent standing?

| | |
|-----------------------|-------|
| 10% of the day | _____ |
| 25% of the day | _____ |
| 30% to 50% of the day | _____ |
| more than 50% | _____ |

LADIES

| | | |
|--|----|-----|
| Date of last menstrual period _____ | | |
| Is there a possibility you might be pregnant? | NO | YES |
| Have you had a tubal ligation (sterilization) or hysterectomy? | NO | YES |
| Are you taking birth control pills? | NO | YES |
| Has your husband had a vasectomy? | NO | YES |

If yes, please inform Dr. Gueldner

Is there any other information of medical importance that you feel the doctor should know about? NO YES
 If yes, please indicate _____

I hereby consent for Dr. Gueldner or his staff to take photographs of my leg veins to assist in my treatment, document my problems for my insurance company and for use in educational settings as Dr. Gueldner deems useful.

Signed _____ Date _____