19255 Park Row Suite 201, Houston, TX Phone: 832.321.5355 Fax: 832.321.5098

PREMIER

vein&vascular center

Vascular Health History Form

Patient Name:_____ DOB:_____
Referring Physician:_____ Pharmacy:_____
Primary Care Physician:_____

Arterial disease history

Do you experience aching, cramping, or pain in the following areas when walking?
___Calf ___ Thighs ___Buttocks __Hips ___Feet

If yes, does the pain go away with resting for several minutes? Yes No

How far can you walk before you begin to feel the pain/cramping?
___Less than 1 block ___1-2 blocks ___More than 2 blocks ___I can walk as long as I want

Do you have pain or cramping in your legs at rest? Yes No

Are your toes pale, blue or discolored? Yes No

Are your hands or feet cold to the touch? Yes No

Do you have open sores or ulcers on your legs or feet that won't heal? Yes No

Do you exercise on a regular basis? Yes No

If not, what keeps you from exercising? _____

What other medical problems do you have?

__High blood pressure	__Cancer	__Dialysis
__High cholesterol	__Diabetes	__Kidney problems
__Heart attack	__Hepatitis	__Stroke/TIA
__Peripheral Arterial Disease	__Seizures	__Bleeding disorder
__Lupus	__Varicose veins	__Heart murmer
__DVT or PE	__Anemia	__HIV/AIDS
__Hepatits	__Aneurysm	__Other:_____

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Medical Director

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What medications are you currently taking?:

Medication Name (no need for dosage)

Please list any <u>allergies</u> to medications:

Allergic to:	**Reaction:**

Have you had any of the following surgeries?

__Angioplasty/stenting of leg
__Arterial bypass of leg
__Aortic Aneurysm repair
__Thrombolysis/thrombectomy (clot busting)
__ Vein stripping/ablation
__ Heart surgery/Stenting/Bypass
__ IVC filter placement
__ Saphenous vein harvesting
Other surgeries:_____

Are you currently experiencing any of the following symptoms?:

__Fatigue
__Chest pain
__Dizziness/fainting
__Nausea/vomiting
__Joint pain
__Diarrhea
__ Hair loss
__Unexplained weight loss
__Shortness of Breath
__Swelling
__Cough
__Back pain
__Blood in stool
__ Excessive thirst
__Fever
__Wheezing
__Abdominal pain
__Mood changes
__Pain with urination
__Blood in urine
__Other:_____

Do you have a <u>family history</u> of any of the following:

__Bleeding disorder
__Cancer
__Liver disease
__Diabetes
__DVT or PE (blood clot in leg or lung)
__Heart attack or stroke
__Kidney disease
__Peripheral arterial disease

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Social History:

Occupation:_____

Do you now or have you ever smoked? Yes No
If so, how much?_____
Quit date:_____

Do you drink alcohol? Yes No
Number of drinks per week:_____

Do you have children? Yes No
How many?_____

Marital Status: Married Single Divorced Separated Widowed

For office/MD use only:

Rutherford category:
__ 0 Asymptomatic
__ 1 Mild claudication (>2 blocks)
__ 2 Moderate claudication (1-2 blocks)
__ 3 Severe claudication (<1 block)
__ 4 Ischemic rest pain
__ 5 Minor tissue loss
__ 6 Major tissue loss

Wagner Ulcer Classification:

__ 0 No open lesions; may have deformity or cellulitis
__ 1 Superficial diabetic ulcer (partial or full thickness)
__ 2 Ulcer extension to ligament, tendon, joint capsule, or deep fascia without abscess or osteomyelitis
__ 3 Deep ulcer with abscess, osteomyelitis, or joint sepsis
__ 4 Gangrene localized to portion of forefoot or heel
__ 5 Extensive gangrenous involvement of the entire foot