Austin Vein & Vascular Clinic

Austin Vein & Vascular Clinic
Dr. Neal T. Foley, M.D.
Board Certified, American Board of Thoracic Surgery
Westlake Hills Medical Center
5656 Bee Caves Road, Suite H-201
Austin, TX 78746
(512) 732-7370

Male Patient Health History Form

Name:_____ Age:_____ Date:_____

Please briefly describe your chief complaint: _____

_____

Who is your Primary Care Physician? _____

PAST MEDICAL HISTORY

Have you ever had vein surgery, vein injections, laser treatment, or other type of vein treatment?

Yes No If yes, what type and when?_____

Have you had any tests done or evaluations of your veins?

Yes No If yes, who, what, and when?_____

Have you ever had a blood clot?

Yes No If yes, what leg and when?_____

- If yes, were you treated with a blood thinner (Heparin, Coumadin)? Yes No

Have you ever had phlebitis (inflammation of a vein)?

Yes No If yes, what leg and when?_____

FAMILY HISTORY

Does anyone in your family have varicose veins, spider veins, or leg ulcers? Yes No

Who? _____

Austin Vein & Vascular Clinic

Austin Vein & Vascular Clinic
Dr. Neal T. Foley, M.D.
Board Certified, American Board of Thoracic Surgery
Westlake Hills Medical Center
5656 Bee Caves Road, Suite H-201
Austin, TX 78746
(512) 732-7370

Name:_____ Age:_____ Date:_____

CURRENT HISTORY

Do you currently have any of the following:

Heart Disease	Yes	No	High blood pressure	Yes	No
Lung Disease	Yes	No	Arthritis	Yes	No
Allergies *(medicines, latex, tape, shellfish, etc.)*			Yes	No	

➔ If yes, please specify:

_____

Please list any medications you take including prescription and over-the-counter._____

_____

Do you experience any of the following with your legs:

Aching/pain	Yes	No	Tiredness/fatigue	Yes	No
Heaviness	Yes	No	Itching/burning	Yes	No
Swollen ankles	Yes	No	Cramping/throbbing	Yes	No

Do you have any of the following (*circle*): Varicose veins Spider veins For how long?_____

Have your veins gotten worse in recent months? Yes No

Do you have discomfort in your legs? Yes No How long have you had leg discomfort? _____

If you have leg discomfort, what methods do you use to relieve it (*circle*):

Compression stockings/support hose: *Do they provide relief?* Yes No

➔ If yes, how long have you worn them? _____

Leg Elevation	Walking	Cold Packs	Tylenol	Pain meds
Warm Soaks	Ibuprofen	Aspirin	Exercise	