

Vein & Laser Center of New England

Medical History

Do you experience any of the following symptoms: (Circle all that apply)

Shortness of breath with minimal or moderate exertion

Chest pain with exertion

Recurrent unexplained abdominal pain or weight loss

Do your legs or buttocks ache or tighten with walking?

Female patients: Is there any chance you are or will be pregnant at the time of treatment Yes No

Will you be breast feeding at the time of your treatment? Yes No

Do you have a family history of clotting problems, phlebitis etc
If yes, please explain

Physician notes: _____

Patient signature _____

Physician signature _____