

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 **Number of term pregnancies** _____

If relevant, has pregnancy affected your leg problems? Yes No

Family history of vein problems? Father Mother Other relative:

Varicose veins Leg ulcerations Surgical stripping Phlebitis

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

Physician notes: _____

Patient signature _____

Physician signature _____