



Welcome NEW CVD PATIENTS!

Please answer all questions.

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MR# _____ NP# _____ DOB _____
Form reviewed by: _____ CVD Staff

YES _____ DATE _____ INT. _____

Patient Intake Form- Our ability to treat you, and have your insurance company pay for our services is directly related to accurate documentation. You are ultimately responsible for payment for all services rendered. All co-pay, co-insurance, and unmet deductibles will be collected prior at time of service.

PATIENT INFORMATION

NAME: Last _____ First _____ INT _____ AGE _____ HEIGHT _____ WEIGHT _____

SSN: _____ - _____ - _____ Female _____ Male _____ Referred by: _____ PAIN SCORE 1(mild) - 10(severe) _____

Front desk to verify completion of form and enter history in EMR.

Family History - General History (Check all that apply)

- Alzheimer's
Anemia
Anxiety
Cancer _____?
Congestive Heart Failure
COPD
Coronary Artery Disease
Diabetes
Heart Disease _____?
Hypertension
Hypothyroidism
Kidney Disease
Liver Disease
Lung Disease _____?
Multiple Births _____?
Phlebitis
Seizures
Stroke
Thyroid Disease
Other _____

Social History

- Occupation _____
Marital Status _____
Religious Preference _____
Alcohol Consumed _____
Tobacco _____
Drug Use _____
Hobbies _____

Surgical History

Procedure(s) _____
Date(s) _____

Allergies - (EMR-Med/Allergies)

Date _____
Medication _____
*Reaction _____
Other: _____

Medications - (EMR-Med/Allergies)

Start Date _____
Medication _____
Strength _____
Dr./Rx _____
Start Date _____
Medication _____
Strength _____
Dr./Rx _____

HPI - History of Present Illness RELATED TO VEIN(S)

Lower Extremity Leg Pain or Discomfort:

-Onset

- 1-3 months
- 4-6 months
- 6-12 months
- > 1 year
- > 2 years
- > 3 years

-Frequency

- Daily
- A few times per week
- About once a week
- About every other week
- Several times per month
- With increasing frequency
- With decreasing frequency
- Ongoing

-Timing

- Mostly during the day
- Mostly during the evening
- Mostly at night

-Severity

- Mild
- Moderate
- Severe
- Worsening
- Stable
- Improving
- Fluctuates in severity

-Location

- Left thigh
- Left knee
- Left calf
- Left ankle
- Right thigh
- Right knee
- Right calf
- Right ankle

-Quality/Description

- Pain or discomfort
- Ants crawling/pins and needles
- Burning or itching
- Shock-like
- Swelling
- Cramping
- Aching

-Exacerbating Factors

- Painful leg movements
- Interrupted sleep
- Fatigue
- Skin breakdown
- Swelling limits movement without pain
- Pain limits mobility or limits standing or sitting

-Remitting Factors

- Wearing compression wraps or stockings
- Taking over-the-counter anti-inflammatory medications
- Rubbing the legs/massage
- warm or cold compress
- elevation of legs
- other _____

Previous Vein Treatments

-Patient Prior Vein Treatments

- Sclerotherapy
- Vein stripping/ligation
- Vein ablation
- Phlebectomy
- Surface laser (skin)

Notes: _____

Quality of Life

- The symptoms affect and/or limits quality of life
- The symptoms affect performance on the job and/or limits advancement
- Condition affects patient sleeping through the night
- Condition limits patients choices when getting dressed for work, recreation, or social activities
- Condition is embarrassing for patient

Notes: _____

Review of Symptoms (Check all that apply)

-ROS – Constitutional

- Unremarkable (Normal)
- Headache
- Fever
- Weight loss
- Weight gain
- Fatigue
- Increased appetite
- Decreased appetite

-Skin

- Unremarkable (Normal)
- Rash
- Skin changes
- Dry skin
- Pigmentation
- Moles

-ROS – Cardiovascular

- Unremarkable (Normal)
- Chest pain/pressure
- Palpitations
- Dyspnea
- Syncope
- Edema
- Leg cramps/calf pain

-Respiratory

- Unremarkable (Normal)
- Cough
- Hemoptysis
- Pleuritic chest pain
- Wheezing
- Dyspnea

-Gastrointestinal

- Unremarkable (Normal)
- Frequent heartburn
- Abdominal pain
- Jaundice
- Blood in stool
- Black tarry stools
- Painful bowl movements
- Constipation
- Diarrhea

-Musculoskeletal

- Unremarkable (Normal)
- Joint pain
- Joint stiffness
- Joint swelling
- Muscle Pain
- Muscle weakness
- Back pain
- Neck Pain

-Neurological

- Unremarkable (Normal)
- Headaches
- Dizziness
- Syncope
- Vertigo
- Seizures
- Numbness
- Tingling
- Weakness
- Difficulty walking
- Memory disturbance
- Speech changes
- Tremor

-Hematology/Lymphatic

- Unremarkable (Normal)
- Anemia
- Easy bruising/bleeding
- Lymphnode enlargement

-Endocrine

- Unremarkable (Normal)
- Polyuria
- Polydypsia
- Cold/heat intolerance
- Weight changes
- Difficulty or delayed healing

-Psychological

- Unremarkable
- Depression
- Anxiety
- Unusual stress