EASTERN RADIOLOGISTS
INTERVENTIONAL RADIOLOGY

2090-A W Arlington Blvd, Greenville, NC 27834
Mon–Fri 7:45am–4pm
252.754.5253 | easternrad.com

Patient Name _____ DOB ___ /___ /___ Date ___ /___ /___ MRN _____

CONSULT: VERICOSE VEINS

What brought you to our clinic: _____

_____

Which leg troubles you? Right Left Both (if both, which one is worse) _____

How long have you had leg issues: _____

Leg Symptoms and concerns: Please circle

Leg pain	Bulging veins	Unattractive veins	Spider veins	Aching
Throbbing	Tiredness	Heaviness	Tenderness	Itching
Burning	Wound	Ulcer	Skin Changes	Swelling
Bleeding	Redness	Warmth	Night Cramps	

Other: _____

What makes your symptoms feel worse: Prolonged standing Prolonged sitting Walking

How have you been treating your legs: Please circle

Compression Hose Surgery/stripping Medicine Rest Elevation

Other: _____

Have you been treated by a physician for your leg symptoms in the past, including surgeries, stripping, or injections: YES NO
If yes please describe: _____

Does anyone in your family have similar leg issues: _____

Have you ever been diagnosed with: Please circle

DVT Pulmonary embolism Hypercoagulability Superficial thrombophlebitis

What activities are impacted by your leg symptoms: Please circle

Exercise	Housework	Yardwork	Gardening	Shopping
Cooking	Driving	Shopping	Traveling	

Other: _____

What medical conditions do you have: Please circle

High blood pressure	Heart disease	DVT/Leg clots	Diabetes
Bleeding disorder	Stroke	Kidney disease	Cancer

Other: _____

What other surgeries have you had: _____

_____

What medicines do you take: _____

_____

List any medicines or other things you are allergic to: _____

_____

Where do you work? If you are retired describe your previous job: _____

_____

Do you smoke: YES NO If yes how many packs/day:_____

Do you drink alcohol, beer, or wine? YES NO

Are you experiencing any of the following symptoms today? Please circle all that apply

fever /chills	weight loss	decreased appetite	fatigue
rash	itching	easy bruising	jaundice
hearing loss	vision changes	decreased vision	sore throat
shortness of breath	cough	wheezing	bloody cough
chest pain	palpitations	weakness on exertion	leg swelling
nausea/vomiting	constipation	bloody stool	diarrhea
painful urination	bloody urine	decreased urination	incontinence
dizziness	weakness	headache	paralysis
speech changes	confusion	loss of coordination	tremor
joint pain	joint swelling	numbness or tingling	stiffness
anxiety	depression	thoughts of suicide	memory loss
poor sleep