RCI Radiology Consultants of Iowa, PLC Imaging Center

RCI Vein & Interventional Clinic
Venous History

Name: _____ Date: _____

Which leg is symptomatic? ☐ Right ☐ Left ☐ Both

How long have you had symptoms with your veins? _____

SYMPTOMS: (check all that apply)

☐ Spider veins	☐ Tenderness	☐ Cramping	☐ Bleeding from varicosity
☐ Varicose veins	☐ Swelling	☐ Red/warm areas	☐ Superficial phlebitis
☐ Tired/heavy legs	☐ Pain	☐ Skin changes	☐ Ulcers/ulcerations
☐ Aching throbbing legs	☐ Burning/itching	☐ Deep venous thrombosis	

ARE YOUR SYMPTOMS…

Related to pregnancy?	☐ NO	☐ YES
Related to accident/trauma?	☐ NO	☐ YES
Are you developing new veins?	☐ NO	☐ YES

DO YOUR SYMPTOMS GET WORSE WITH…

Prolonged standing?	☐ NO	☐ YES
Prolonged sitting?	☐ NO	☐ YES
Menstrual cycle?	☐ NO	☐ YES

Do your symptoms improve with elevation?	☐ NO	☐ YES
Have you elevated your legs more than 6 weeks?	☐ NO	☐ YES
Do your symptoms interfere with your daily activities?	☐ NO	☐ YES

If yes, explain how: _____

_____

Are you being treated by a Wound Clinic? ☐ NO ☐ YES How long? _____

Have you ever had a DVT (Deep Vein Thrombosis)? ☐ NO ☐ YES If so, when? _____

PREVIOUS CONSERVATIVE TREATMENT YOU HAVE TRIED

Have you ever worn compression stockings? ☐ NO ☐ YES How long? _____

Doctor who prescribed stockings for you? _____

Did the stockings help your symptoms? ☐ NO ☐ YES

Do you take over the counter medication for leg pain? (i.e. ibuprofen, Motrin, Advil, Tylenol, aspirin)

☐ NO ☐ YES Medication: _____ How often? _____

Do symptoms still exist after elevation, stockings, pain medication? ☐ NO ☐ YES

PREVIOUS TREATMENT HISTORY

☐ Ligation/stripping surgery	Which leg?	☐ Right	☐ Left	When _____
☐ Injection treatments/sclerotherapy	Which leg?	☐ Right	☐ Left	When _____
☐ Laser therapy/EVLT	Which leg?	☐ Right	☐ Left	When _____

What is your goal in treating your veins? _____

_____

How did you hear about RCI Vein Clinic? ☐ Doctor ☐ Family/Friends ☐ Radio/KMRY ☐ Radio/96.5 ☐ Internet