To reproduce, follow the printing instructions.			Venous Health HistoryCompatible Note Form: CHI Venous Health						
Fold only on the dot	ted lines.	-	Please	answer ev	ery questio	n			
		·		E PRINT PATI	ENT'S LAST NA	ME			
Marking Instructions									
Please use a #2 pencil. Fill in the complete oval a	s shown	•		NT'S FIRST NA				NT'S DATE OF B	
Have you had or do	o you ha	ve:			If yes, how n	nany years ag	Month	Day	Year
	No	Yes	Right leg	Left leg	Less than 1	1-5	5-10	10 or more	
Prior vein stripping:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	
Vein injections:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	
Ablation:	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	
Blood clot in leg(s):	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
			ple	ease fold on a	lotted line				
	No	Yes	Right leg	Left leg	Comments	:			
Aching/pain in leg(s):	\bigcirc	\bigcirc	\bigcirc	\bigcirc					
Heaviness in leg(s):	\bigcirc	\bigcirc	\bigcirc	\bigcirc					
Tiredness / fatigue:	\bigcirc	\bigcirc	\bigcirc	\bigcirc					
Itching / burning legs:	\bigcirc	\bigcirc	\bigcirc	\bigcirc					
Restless legs:	\bigcirc	\bigcirc	\bigcirc	\bigcirc					
Throbbing in leg(s):	\bigcirc	\bigcirc	\bigcirc	\bigcirc					
Symptoms:									
Have your symptoms gotten worse over the			No	Yes	Comments	:			
past months? Do your symptoms limit activities of daily living									
(reduced capacity for activity, work, or recreation)?			\bigcirc	\bigcirc					
Do you take pain medicine?			\bigcirc	\bigcirc	What type?				
					lotted line If yes, for ho	w many year	s?		
			No	Yes	Less than 1	1-5	5-10	10 or more	
Do you wear prescription support hose?			\bigcirc	\bigcirc	0	\bigcirc	\bigcirc	0	
Do you wear non-prescription support hose?			\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	0	
Have you ever been tested for venous reflux?			\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Tested abnormal?
Do you stand for long p	eriods of t	ime?	\bigcirc	0					
Do you elevate your legs regularly?			\bigcirc	\bigcirc	If yes, did it help?			s som etimes	
Do you have problems walking?					Describe:				
Do you have problems	walking?		\bigcirc	\bigcirc	Destinger				

and 7,941,328 from Willis Technologies, LLC

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