



Welcome NEW CVD PATIENTS! **Please answer all questions.**

**OFFICE USE ONLY:**  
 DL and Insurance card scanned and verified  
 Benefits Verified  
 Privacy Policy Signed  
 Financial Policy Signed  
 This form scanned to eDocs  
 YES \_\_\_DATE \_\_\_\_\_ INT. \_\_\_\_\_

MR# \_\_\_\_\_ NP# \_\_\_\_\_

DOB \_\_\_\_\_

Form reviewed by: \_\_\_\_\_ CVD Staff

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 \_\_\_\_\_

Chief Complaint - (EMR-Encounter)

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

Lower Extremity Leg Pain or Discomfort:

-Onset

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

-Frequency

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

-Timing

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

-Severity

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

-Location

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

Quality/Description

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

Exacerbating Factors

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

Remitting Factors

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

Previous Vein Treatments

-Patient Prior Vein Treatments

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

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

-Musculoskeletal

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

-Skin

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

-Neurological

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

-ROS – Cardiovascular

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

-Hematology/Lymphatic

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

-Respiratory

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

-Endocrine

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

-Gastrointestinal

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

-Psychological

- Unremarkable
- Depression
- Anxiety
- Unusual stress