



Venous Surgery Consultation

Date: _____ Patient Name: _____ DOB: _____

Problem/Complications: _____

HX of: [] Pulmonary Embolus; [] Phlebitis; [] Deep Vein Thrombosis; [] Claudication
(clot to your lung)

Currently on blood thinner? [] Yes [] No (*Ex. Coumadin, Plavix, Aspirin, Aspirin derivative*)

Current Medications: _____

Latex Allergy: _____ Yes _____ No

Problems with Local Anesthesia: _____ Yes _____ No

Medicine Allergies: _____

Symptoms (Mark all that apply): [] aches [] heavy/full [] cramping [] pain [] itch
[] burning [] easy bruise [] bleed/hemorrhage [] muscle fatigue [] leg restlessness [] phlebitis
[] swelling [] *after prolonged standing and/or { } during daily activities?*
[] ulceration: { } *healed* { } *non-healed* How long? _____ Other _____

[] I am able to walk one (1) mile without symptoms [] symptoms interfere with activities of daily living

Worse: [] standing [] sitting [] walking/exercise [] heat [] pre-menstrual [] night

[] worsening of symptoms with pregnancy

Cognitive Therapy: [] tried > than 3-6 months [] elevation [] exercise

[] elastic compression garment: *How long?* _____ Other: _____

[] medications: _____ (*Advil, aspirin, aleve, anti-inflammatory, Tylenol, Motrin, Naprosyn*)

Previous Invasive Treatment:

Injections: [] Right Leg [] Left Leg Complications: _____ Date: _____

Laser: [] Right Leg [] Left Leg Complications: _____ Date: _____

Surgery: [] Stripping- Right Leg [] Stripping- Left Leg Date: _____

[] Ligation- Right Leg [] Ligation – Left Leg Date: _____

Comments: _____

Patient's Signature

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