*Cosmetic Vein Centers of Texas, P.A.*
*Mark E. Skellenger, M.D., F.A.C.S.*

## Medical History

**Please print and complete each section.**

Name _____

Male_____ Female _____ Height_____ Weight_____

For what problem are you seeking care? _____

How long has it been present? _____

Have you worn compression hose/stockings at least 6 months? _____ How Long? _____

Have you been on any pain medication for the pain? _____How Long? _____

Have you had any blood clots, ulcers, thrombosis, swelling, etc.?_____

If so when? _____

Do you smoke? _____ How often? _____
Do you drink alcohol? _____How often? _____
Do you consume any tobacco products? _____How often? _____

If pain is present, please describe: How often _____
Severity (1 = minimal to 10 = severe) _____
Quality (sharp, dull, cramps, burning, etc) _____
What makes pain better? _____
What makes pain worse? _____

Drug Allergies _____

Do you have a history of allergy or reaction to X-Ray dye or iodine? _____

List all **medications** you now take, the dose, and how often:

| Medication | Dose/Frequency |
|---|---|
| 1 _____ | _____ |
| 2 _____ | _____ |
| 3 _____ | _____ |
| 4 _____ | _____ |
| 5 _____ | _____ |
| 6 _____ | _____ |

Check and/or list all illnesses you have been treated for in the past and at present:

| | | | |
|---|---|---|---|
| ___ Heart attack | ___ Angina | ___ Seizures | ___ Arthritis |
| ___ Heart murmur | ___ Mitral valve prolapse | ___ High blood pressure | ___ Diabetes |
| ___ Stroke | ___ Asthma | ___ Ulcerative colitis | ___ Cancer |
| ___ Blood clots | ___ Bleeding disorder | ___ Hepatitis | ___ COPD |
| ___ Kidney problems | | | |

List all surgeries you have had:

_____

_____