



**PATIENT HEALTH QUESTIONNAIRE**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Referring Physician: \_\_\_\_\_ PCP : \_\_\_\_\_  
 Cardiologist \_\_\_\_\_ Other: \_\_\_\_\_  
 Reason for today's visit: \_\_\_\_\_

**Past Medical History**

Please list any medical conditions (e.g. hypertension, diabetes, etc...) or major injuries:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Surgical History**

Year	Surgery	Surgeon/hospital	Complications

**Medications/dosage**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allergies:     Latex                       Iodine                       Shellfish  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had an antibiotic resistant infection?    Yes     No   
 MRSA (Methicillin Resistant Staphylococcus Aureus) or  
 VRE (Vancomycin Resistant Enterococcus)

Have you ever had problems with anesthesia?     Yes     No                       Family member



**Family History**

Does anyone in your family have a history of:

Condition	Relationship
<input type="checkbox"/> Peripheral arterial disease	
<input type="checkbox"/> Heart disease	
<input type="checkbox"/> Blood clots	
<input type="checkbox"/> Aneurysm	
<input type="checkbox"/> Stroke	
<input type="checkbox"/> Cancer	

**Social History**

What do/did you do for work: \_\_\_\_\_  Retired

Marital status:  married  single  divorced

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Do you drink more than one beer or drink a day and how many \_\_\_\_\_

Do you smoke \_\_\_\_\_ How many packs \_\_\_\_\_ How many years \_\_\_\_\_

Do you understand the risks of smoking and are you interested in quitting \_\_\_\_\_

**All patients:** Do you suffer from any of the following?:

- Leg swelling Which leg: \_\_\_\_\_ for how long: \_\_\_\_\_
- Leg pain/cramping with walking: Which leg: \_\_\_\_\_ for how long: \_\_\_\_\_  
At what distance: \_\_\_\_ City blocks \_\_\_\_ yards \_\_\_\_ feet
- Leg pain/cramping at night Which leg: \_\_\_\_\_ for how long: \_\_\_\_\_
- Numbness in leg or foot Which leg: \_\_\_\_\_ for how long: \_\_\_\_\_
- Open sores or ulcers in legs Which leg: \_\_\_\_\_ for how long: \_\_\_\_\_
  
- Varicose veins Which leg: \_\_\_\_\_ for how long: \_\_\_\_\_
- Skin discoloration in feet or ankles Which leg: \_\_\_\_\_ for how long: \_\_\_\_\_
- Spider veins Which leg: \_\_\_\_\_ for how long: \_\_\_\_\_

**Female patients:** Do you suffer from any of the following?:

- Chronic Pelvic Pain
- New varicose veins in the groins or unusual places during pregnancy
- Excessive menstrual bleeding
- Worsening of leg swelling and or pain during menstrual cycle
- Pelvic pain during or after having intimate relations

**Signature:** \_\_\_\_\_