

RLS / SVI - Medical History

Name: _____ **Date:** _____

Date of Birth: _____ **Age:** _____ **Sex:** _____

Height: _____ **Weight:** _____

Number of Pregnancies: _____

Number of Live Births: _____

Date or Age of Onset of Edema (Swelling): _____

Date or Age of Onset of Skin Changes (Dark Skin): _____

Date or Age of Onset of Spider Veins/Varicose Veins: _____

Date or Age of Onset of Restless Legs Symptoms: _____

Allergies:

Medications:

(Especially those for Restless Legs, Insomnia, Pain, Nerves)

H/O Heart Disease / Heart Attack Yes No

H/O Arterial Disease / Circulation Problems Yes No

H/O Lymphedema or Lymphangitis. Yes No

H/O High Blood Pressure Yes No

H/O Diabetes Yes No

H/O Hepatitis Yes No

H/O Renal Failure Yes No

H/O Congestive Heart Failure Yes No

H/O Leg Infection Yes No

H/O Leg Trauma Yes No

H/O Neuropathy Yes No

H/O DVT / Blood Clots Yes No

H/O Superficial Phlebitis Yes No

H/O Sleep Apnea Yes No

H/O Arterial Surgery Yes No

H/O Neck Pain / Injury Yes No

H/O Back Pain / Injury Yes No

H/O Radiation of Pain from Back or Neck Yes No

First-Degree Relatives with Vein Disease Yes No

First-Degree Relatives with Restless Legs Yes No

History of Venous Treatment:

(including Stripping, Endovenous Ablation, Saphenous Harvest for CABG, Injections, Phlebectomy, Compression, etc)

Occupational History:

(especially details of prolonged standing at work)

Other Info:

BMI: _____

RLS/SVI#: _____ **(Office Use Only)**