Virginia Vein Institute
1901 South Main St. (Suite 2)
Blacksburg, VA 24060
(540) 552-VEIN P
(540) 951-VEIN F
www.VirginiaVeinInstitute.com

Virginia Vein Institute

Medical History

Patient Name: _____ MRN (office use)**: _____ DOB: _____/_____/_____**

Birthdate: _____Today's Date: _____

Past Medical History: _____

_____

_____

Past Surgical History: _____

_____

_____

How many children do you have (women only)**: _____**

Any Bloodthinners? Aspirin☐81mg ☐325mg ☐ Coumadin/Warfarin ☐ Xarelto ☐Plavix ☐ Pradaxa ☐Eliquis

Medications: _____

_____

Prescription Drug Allergies: ☐ Penicillin ☐ Sulfas ☐Other:_____

Varicose Vein or Leg Ulcer Family History: ☐ Mother ☐Father ☐ Both ☐ Neither

Do you Smoke? ☐ YES ☐NO Do you drink Alcohol? ☐ YES ☐ NO

Previous/Current Occupation: _____

A) Did Your Occupation Requires Significant Amount of STANDING or SITTING? ☐ YES ☐NO