SWEDISH
MEDICAL GROUP

Swedish Vascular Surgery
801 Broadway, 5th Floor | Seattle, WA 98122
Phone: 206-215-5921

Accredited Vascular Laboratory
INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF VASCULAR LABORATORIES
ICAVL

Patient History

(Please print clearly)

Name: _____ Birthdate: _____
Last First Middle

Referring Physician: _____

Reason you are seeing the physician today: _____

_____

Date symptoms began: _____

Previous treatment(s) for this problem: _____

_____

Other practitioners you have seen for this problem: _____

_____

Other current diagnosis: _____

_____

Past illnesses, injuries, surgeries, hospitalizations: _____

_____

Medications: _____

_____

Drug Allergies: _____

_____

Habits:

Alcohol _____

Tobacco _____

Other _____

Exercise _____

Social history:

Residence _____

Education _____

Employment _____

Marital status _____

Patient Name _____ Date _____ Reviewed by _____

Swedish Vascular Surgery

Family History:

Parents _____

Siblings _____

Children _____

Review of Systems:

As you review the following list, please check any of those problems which have **significantly** affected you.

Constitutional

☐ Recent weight loss
☐ Malaise
☐ Night Sweats

Eyes

☐ Pain
☐ Loss of vision
☐ Double or blurred vision

Ears-Nose-Mouth-Throat

☐ Ringing in ears
☐ Loss of hearing
☐ Nosebleeds
☐ Hoarseness
☐ Difficulty swallowing

Cardiovascular

☐ Pain in chest
☐ Irregular heart beat
☐ Swollen extremities
☐ Leg pain when walking
☐ Foot or toe pain when in bed
☐ Spider Veins
☐ Varicose Veins

Respiratory

☐ Shortness of breath
☐ Cough
☐ Wheezing

Gastrointestinal

☐ Nausea
☐ Vomiting
☐ Jaundice

Genitourinary

☐ Hesitant urination
☐ Poor stream
☐ Burining at urination
☐ Sexual potency

Musculoskeletal

☐ Joint pain
☐ Joint swelling
☐ Muscle weakness

Skin

☐ Easy bruising
☐ Rash
☐ Hair loss
☐ Color changes of hands or feet
☐ Cold sensitivity
☐ Poorly healing wounds
☐ Dry skin

Neurological

☐ Headaches
☐ Dizziness
☐ Fainting
☐ Loss of consciousness
☐ Difficult speech
☐ Numbness
☐ Paralysis

Psychiatric

☐ Anxiety
☐ Depression
☐ Agitation

Endocrine

☐ Excessive thirst
☐ Excessive urination

Allergic/Immunologic

☐ Seasonal allergies
☐ Fever, chills

Patient Name _____ Date _____ Reviewed by _____