

**VEIN CENTER OF ORANGE COUNTY
PATIENT REGISTRATION**

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

Birthdate: _____ Age: _____ Sex: M F

Marital Status: S M Driver's License#: _____

Street: _____ City: _____

State: _____ Zip Code: _____

Home Phone: (_____) _____-_____ Cell phone: (_____) _____-_____

Employment

Employer _____

Address _____

Work Phone _____

Occupation _____

Emergency Contact Information

Last Name _____

First Name _____ MI _____

Address _____

Work Phone _____

Relation _____

Family/Primary Physician

Dr. Name _____

Address _____

Phone _____

Specialty _____

Referring Physician

Dr. Name _____

Address _____

Phone _____

Specialty _____

Referred By

Dr. _____

Friend/Patient _____

Yellow Pages _____

Website _____

Other _____

Insurance Information

Insurance Co. _____

Name of Insured _____

Patient ID# _____

Patient Group# _____

VEIN CENTER OF ORANGE COUNTY - PATIENT HISTORY

Name: _____ Age _____ Date: _____

Male Occupation _____

Female Number pregnancies ____, deliveries ____, miscarriages ____

If you have leg discomfort that you attribute to your veins, how long have you had this discomfort? _____ years

What do you hope will change by having your veins treated? Improved symptoms Improved appearance Prevention

Check if unable to walk an hour a day (for treatment).

Check if you have had sclerotherapy (vein injections) in the past, and list date(s): _____

LEG SYMPTOMS (Check all that apply)

	<u>Right</u>	<u>Left</u>	
Aching/pain/throbbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I elevate my legs for relief
Heaviness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Standing or sitting worsens my symptoms
Tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I take Advil or Tylenol for leg pain since _____
Night cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I have worn wear support hose for ____ mos/yr, which
Itching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Help my symptoms
Burning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Do not help my symptoms
Restlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Are prescription strength
Swelling of ankles	<input type="checkbox"/>	<input type="checkbox"/>	WOMEN ONLY:
Past phlebitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I am currently breast feeding
Past blood clot or embolism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I am, or trying to become pregnant
Leg ulcer (past or present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Symptoms are worse around menstruation
Past significant leg injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Veins first appeared with pregnancy # _____

MEDICATIONS TAKEN REGULARLY

ALLERGIES TO MEDICATIONS/ MATERIALS

I HAVE A FAMILY HISTORY OF

Varicose Veins Spider Veins
 Leg Ulcer Bleeding Tendency
 Blood Clots Other _____
 Family member affected: Mother Father
 Other _____

I MYSELF HAVE HAD

Diabetes High Blood Pressure
 Hepatitis Positive HIV Test
 Surgery Hospitalization

List all surgeries and hospitalizations w/ dates.

PHYSICIAN COMMENTS

VEIN CENTER OF ORANGE COUNTY

250 East Yale Loop, Suite D
Irvine, CA 92604

FINANCIAL POLICY

At Vein Center of Orange County, we are committed to the successful completion of your proposed treatment course, and look forward to providing you with ongoing maintenance and follow-up as needed in the future. Since we hope to establish an enduring professional relationship, your clear understanding of our Financial Policy is important from the outset. Please ask our Patient Relations Coordinator if you have any questions about our fees or the below Financial Policy:

1. All patients must complete the Patient Information form prior to seeing the doctor.
2. Full payment is due at the time of service.
3. We accept the following methods of payment:
 - Visa, MasterCard, American Express, Discover
 - Personal Check
 - Chase Health Advance
4. There is a \$75.00 charge for missed appointments and for cancellations with less than 24 hours notice.

REGARDING INSURANCE

Insurance is a contract between you and your insurance company. We are not a party to this contract. Reimbursement is subject to the terms of your contract as interpreted by your insurance carrier. Of course, we will be happy to assist you in providing appropriate and necessary information to your insurance company when you file your claims for reimbursement; your signature below authorizes Vein Center of Orange County to release any information to your insurance carrier they may require in the course of your examination and treatment. We have opted out of Medicare and are not a Medicare provider.

I have read and understand the above Financial Policy.

Patient: _____

Date: ____/____/____