



New York Medicine Doctors

800 2nd Avenue, 9th Floor

New York, NY 10017

(212) 991-9991

Please indicate which services you may be interested in:

Botox	Yes	No
Cosmetic or Excessive Sweating	Yes	No
Anti - Aging	Yes	No
Micro - Needling / Facial Rejuvenation (younger looking skin)	Yes	No
Weight Loss	Yes	No
Balding (hair loss)	Yes	No
Neck, Back Pain Evaluation	Yes	No
Varicose Veins / Spider Veins	Yes	No
Hormone Replacement	Yes	No
Dermal Fillers (hands, face, neck)	Yes	No
Emsculpt - Body Toning (abs and buttocks lift)	Yes	No
Allergy Testing (food / environmental)	Yes	No



New York Medicine Doctors

800 2nd Avenue, 9th Floor
New York, NY 10017
(212) 991-9991

Patient Name: _____

Cell Phone: _____

Please take a few minutes to answer the following questions about how your legs and feet feel.

Keep in mind how it affects your daily life.

Please check "Yes" or "No"

- 1. Do your legs and / or feet get numb? Yes No
2. Are your legs and / or feet warm to touch? Yes No
3. Have you ever had burning pain and / or severe cramping in your legs? Yes No
4. Do you have spider veins and / or varicose veins? Yes No
5. Do you have persistent lower back and / or leg pain? Yes No
6. Have you developed any discoloration or color changes in your legs? Yes No
7. Have you developed any previous vein treatment in the past that failed? Yes No

If yes please check all the options that apply;

Laser ablation, Sclerotherapy injections, Stripping & ligation, Phlebectomy



New York Medicine Doctors

800 2nd Avenue, 9th Floor
New York, NY 10017
(212) 991-9991

8. Have you ever had an open sore or non-healing wound on your feet/ankles?

Yes No

9. Has your doctor ever diagnosed you with venous disease or insufficiency? Yes No

10. Do you feel weak all over and exhausted most of the time? Yes No

11. Do your legs hurt or do you feel constant heaviness in your legs when you stand or walk?

Yes No

12. Do you lose sensitivity in your legs when you stand for a long time? Yes No

13. Is the skin on your legs dry that it tends to crack? Yes No

14. Have you ever worn compression stockings, if yes for how long? Yes No

15. Do your leg symptoms improve when wearing compression stockings? Yes No

Please check "Yes" or "No"

16. Have you ever taken any medication for leg pain? Yes No

What is the name of the medication? _____

How long have you been taking the pain medication? _____

17. Do your daily activities require prolonged periods of standing? Yes No

18. Do you have difficulty completing your work or daily activities due to leg pain/swelling/heaviness?

Yes No



New York Medicine Doctors

800 2nd Avenue, 9th Floor

New York, NY 10017

(212) 991-9991

19. Have you had recent: Heart Valve Disease Heart Murmur
 Heart Valve Surgery
20. Have you ever been diagnosed with Peripheral Arterial Disease (PAD)? Yes No
21. Have you ever been diagnosed with blood clot or DVT? If so, where? Yes No
22. Have you or your family member ever been diagnosed with a clotting disorder? Yes No
23. If you are a female, are you currently pregnant? Yes No
24. Are you on any blood thinners other than aspirin or plavix (clopidogrel) Yes No

If yes, which blood thinners are you on? _____