

Patient Questionnaire

Name \_\_\_\_\_

How did you hear about us?: Physician TV Newspaper Internet Other (circle one)

<b>Have you had laser done before? Yes / No</b>
<b>Are you taking any medication for the pain If yes what are you taking?</b>
<b>Does this affect your daily occupation?</b>
<b>Have you seen another doctor for this before?</b>
<b>Have you had swelling, ulceration or discoloration?</b>
<b>Have you experienced minor hemorrhage or blood clot?</b>
<b>Have you worn compression stockings? If yes how long?</b>
<b>Have you had any blood work done in the last 30 Days?</b>
<b>Are you allergic to Tramadol or Lorazepam?</b>
<b>What is your preferred pharmacy?</b>

