

ESTABLISHED PATIENT VISIT

Lake Washington Vascular, 1135 116th Ave NE, Suite 305, Bellevue, WA 98004 | Phone: (425)453-1772 | Fax: (425) 453-0603

Please fill in ALL the information as accurately as possible. The information you provide will help create your patient chart. All answers are confidential.

Patient Preferred Name _____ Today's Date _____

Reason for today's visit _____

Please list your height and weight: Height: _____ Weight: _____

In the past 12 months, have you:

Started or stopped any medications? Yes No

If yes, please provide us with the details of the changes _____

Had any surgeries or procedure? Yes No

If yes, please provide us with the details of the changes _____

Been diagnosed with any new conditions or new problems? Yes No

If yes, please provide us with the details of the changes _____

Been to the emergency department or admitted to the hospital? Yes No

If yes, please provide us with the details of the changes _____

Review of Systems

Are you CURRENTLY experiencing any of the following symptoms?

Cardiovascular

- Chest Pain/Angina
- Heart Palpitations

Respiratory

- Shortness of Breath
- Cough
- Wheezing

Gastrointestinal

- Pain w/ Eating
- Nausea/Vomiting
- Blood in Stool

Muskuloskeletal

- Back or Neck Pain
- Joint Pain, where _____
- Muscle Pain, where _____

Pelvic

- Frequent Urination
- Pain w/ Intercourse
- Chronic Pelvis Pain
- Vulvar Varicose Veins

Vascular

- Pain w/ Walking
- Are your legs:
- Heavy
- Aching
- Swollen
- Throbbing
- Itching

Neurological

- Transient Change in Speech
- Transient Weakness in Arm or Leg
- Sudden Vision Change

Arterial

- Pain at Night
- Pain w/ Walking, where _____
- Wounds, where _____
- Diabetic Ulcers

CLINIC STAFF ONLY

Notes

MA to update:

- Family History
- Social History
- Surgical History
- Medications
- Allergies
- Preferred Pharmacy

Scan to Chart

PATIENT NAME & ID #



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