Vascular Associates of Northern Virginia

Robert S. Podolsky, M.D., V. Cert., R.V.T., R.P.V.I.
Avisesh Sahgal, M.D., V. Cert., R.P.V.I.

Timely and considerate care of the arterial and venous systems

Patient Name: ______________________________ **Date of Birth:** ______________ **Date:** _______________

Occupation: ___ Retired ___ Active: ____

Medical Problems (for which you have seen a physician or have been treated):

Kidney Problems	☐ no	☐ yes	Stroke or Mini Stroke	☐ no	☐ yes
Heart Disease/MI	☐ no	☐ yes	Diabetes	☐ no	☐ yes
Other Heart Problems: ________________			Cancer	☐ no	☐ yes
High Blood Pressure	☐ no	☐ yes	Blood Clots (DVT/PE)	☐ no	☐ yes
Breathing Problems	☐ no	☐ yes	Stomach/bowel Problems	☐ no	☐ yes
Vein/Vascular Problems	☐ no	☐ yes	Others: ____________________________		
			____________________________		

Medications:

Medication	Dose	Directions	Comments

Do you now or have you ever:

Smoked	☐ no	☐ yes	Qty per day ____	Date Stopped: _______
Alcohol	☐ no	☐ yes	Qty per day ____	Date Stopped: _______

List Past **Surgery** (with approximate date)

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Family History

Condition	Mother	Father	Brother	Sister
Heart Attack				
Stroke				
Aneurysm: Location: _____________				
Blood Clots (DVT/PE)				

Do you have any **Allergies** or reactions to any medicines? ☐**No Known Drug Allergies**

Medication	Reaction

Care Team

Please clearly print full name and phone number of:

Referring Physician: ____

Primary Care Physician/Internist: ____

Cardiologist: ____

Podiatrist: ____

Nephrologist: ____

Dialysis Center: ____

Dialysis Day: ____________________________ Dialysis Shift: ___________________________

Other Physician: ____

Other Physician: ____

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