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 Denver Vein Center
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Patient Name: _____ DOB: _____ Height: _____ Weight: _____ BP/P: _____

Medical History

Reason for Visit: _____ How long has it been present? _____

Vein Issues

Do you have?	Indicate	Yes
Pain	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Itching	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Heaviness	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Aching	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Spontaneous Bleeding	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Thrombosis (Blood Clot/DVT)	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Ulceration	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Swelling/Edema	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Cramping/Restless Leg	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Other _____	<input type="checkbox"/> Right <input type="checkbox"/> Left	

Are you pregnant or nursing? N Y
 How many pregnancies have you had? _____
 Are you taking hormone replacement? N Y Type: _____
 Are you on birth control? N Y
 Have you had any previous treatments for varicose veins? N Y
 If so, please list _____

Conservative Treatments: _____

SOCIAL HISTORY

Do you smoke? Current Everyday Current Some Day Never Former, when did you quit? _____
 Do you use Tobacco? No Yes
 Do you drink alcohol? No Yes (If yes, how many drinks per day?) _____

FAMILY HISTORY

Do you have a history of Varicose Veins in your family?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Grandparent
Do you have a history of Hypertension in your family?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	
Do you have a history of Cancer in your family? Type: _____	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	
Do you have History of Bleeding Problems in your family?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	
Do you have a history of Heart Attack in your family?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	
Do you have a history of Diabetes in your family?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	
Do you have a history of Hyperlipidemia in your family?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	
Do you have a history of Asthma in your family?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	

List all Current Medical Problems

1. _____
2. _____
3. _____

List all Surgeries and dates

1. _____
2. _____
3. _____

List all prescription & non-prescription medications you are taking and doses: (use back of page if you need more room)

- | | | |
|----------|------------|--------------|
| 1. _____ | Dose _____ | Reason _____ |
| 2. _____ | Dose _____ | Reason _____ |
| 3. _____ | Dose _____ | Reason _____ |

Allergies Are you allergic to any medicines, tape, Latex etc? _____

Patient Signature _____

Date: _____



Denise Norton, MD

**Denver Vein Center/Evexias Medical Center, P.C. Cancellation Policy
Effective July 15, 2019**

At Denver Vein Center/Evexias Medical Center we strive to render care in a timely and prompt manner. When a patient misses a scheduled appointment, or cancels an appointment with minimal notice, not only is that time lost, but it negatively impacts our ability to schedule other patients that require medical care. As a general rule, any patients that are more than 10 minutes late to their appointment may need to reschedule. Occasionally we will be able to accommodate the appointment, so call if you are running late. By signing below, you hereby acknowledge and agree to the following:

- Any patient that fails to show up for a scheduled appointment or cancels a scheduled appointment with less than 2-business days' notice, will be charged a \$50 cancellation Fee.
- Surgeries cancelled with less than 2-weeks' notice will be charged \$200. This is due to time constraints in getting prior authorization.
- All outstanding Cancellation Fees must be paid in full prior to the scheduling of a patient's next appointment with Denver Vein Center/Evexias Medical Center.
- Patients are solely responsible for the payment of Cancellation Fees, not insurance companies, Medicare, or other third-party payers.
- Any patient who, in a given 12-month period, misses three or more scheduled appointments, or cancels three or more scheduled appointments with less than 2-business days' notice, may be dismissed as a patient from Denver Vein Center/Evexias Medical Center.

I have read and understand the above Denver Vein Center/Evexias Medical Center Cancellation Policy and I agree to be bound by its terms.

Patient Signature

Patient Name

Date



DENVER VEIN CENTER/EVEXIAS MEDICAL CENTER FINANCIAL POLICY

Thank you for choosing Denver Vein Center/Evexias Medical Center for your healthcare needs. In order to achieve our goal of providing and maintaining a good physician-patient relationship, we believe it is important to have solid financial policies in place. We also believe that these policies will allow us to provide our patients with high quality, cost-effective care. We ask that you carefully read and sign the following Denver Vein Center/Evexias Medical Center. Financial Policy prior to your treatment.

- Upon arrival, please present your current health insurance card as well as your driver's license or another acceptable form of ID. You may be asked to present both of these items at each visit for proper identification.
- If you do not have health insurance coverage, choose to bill your own insurance, or if our physicians do not participate in your health insurance plan, payment IN FULL is due at the time of service. Acceptable forms of payment are cash, check, VISA, MasterCard, Discover, American Express and Care Credit.
- You are responsible to make complete insurance information available to Denver Vein Center/Evexias Medical Center for accurate filing of claims. Complete insurance information includes current benefit cards (primary and secondary), proper identification, and referrals from other providers if applicable. If the insurance information that you provide at the time of your visit is incorrect, you will be responsible for payment of your visit and to submit the charges to the correct plan.
- You are responsible for checking with your insurance plan regarding any co-payment, deductible or co-insurance that you may owe at the time of service.
- Co-payments are a contractual obligation with your insurance company. You are required to pay your co-payment, and we are required to collect your co-payment at the time of each visit. Co-payments are collected prior to service.
- If you have a HMO or PPO health insurance plan and our physicians participate in your plan, we will accept payment from the carrier for services covered by your benefit plan.
- Not all services provided by our office are covered by every health insurance plan. Any service determined NOT to be covered by your plan will be your responsibility.
- Denver Vein Center/Evexias Medical Center is committed to providing the best treatment for our patients; however, you are responsible for any unpaid balance regardless of your insurance company's arbitrary determination of usual and customary rates.
- For scheduled appointments, prior balances must be paid prior to the visit.
- We require 2-business day notice for cancelling any appointments. A **\$50 cancellation fee** will be assessed and must be paid prior to rescheduling your appointment.
- A **\$200 cancellation fee** will be charged for all Endovenous Laser Ablations, Phlebectomy and Ligation surgeries cancelled with less than 2 weeks notice.
- A \$20 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
- A \$35 fee is required for the completion of forms regarding disability insurance, life insurance and FMLA.
- **It is your responsibility to know your healthcare benefits and coverage limitations.**

I have read and understand Denver Vein Center/Evexias Medical Center and agree to comply and accept the responsibility for any payment that becomes due as outlined in the above policy. I agree to pay for all services rendered not covered by my insurance and to notify this office should there be any change to my health insurance coverage.

Patient's Printed Name

Patient Signature

Date