

Atlanta Vascular Specialists
775 Poplar Road, Suite 260, Newnan, GA 30265
PH 404-524-0095 Fax 404-658-9558

Eric D. Wellons, M.D. James M. Combs, M.D. John D. Dooley, M.D.

Dear Mr/Mrs. _____

You have an appointment on _____ @ _____
with Dr _____

At our _____ office (directions enclosed).

Please arrive 15 minutes early for your appointment at allow for check in time.

Enclosed you will find the forms you need to complete for your new patient evaluation. We are sending this to you prior to your appointment to give you time to consider and prepare your answers accurately, as documentation of your medical conditions are a very important part in allowing us to give you the best care possible. Please fill out all of the paperwork and bring it with you to your appointment, along with your picture ID and insurance cards. **DO NOT MAIL BACK TO US.** If your paperwork is brought in incomplete, you forfeit your appointment time and will be rescheduled to the next available appointment.

If your insurance is an HMO policy, it is your responsibility to obtain a referral from your primary care doctor. If you do not have a referral at the time of your appointment, you forfeit your appointment time and may be rescheduled.

When you arrive in our office we will need to know about any medications you are currently taking. Please bring a list for us to make a copy for our records. If you are allergic to any medications, we need to know what the drugs is and what kind of reaction you experienced.

If you have had any testing done prior to your visit such as ultrasounds or CT scans, please bring a copy of the results with you or ask you physician to fax the results to our office at 404-658-9558.

Help Us Help You - Our goal is to provide you with the best possible care for your vascular health. By taking a few minutes at home to fill out these forms you will expedite your visit.

If you have any questions or concerns, prior to your visit, please don't visit, please don't hesitate to contact our office.

Sincerely,

Your Partners in Healthcare
Atlanta Vascular Specialists

Atlanta Vascular Specialists

Phone: 404) 524-0095 Fax: 404)658-9558

Eric D. Wellons, M.D., F.A.C.S - James M. Combs, M.D., F.A.C.S - John D. Dooley, M.D.

Newnan Office

775 Poplar Road, Suite 260—Newnan, Ga. 30265

***Traveling South from Downtown Atlanta:** From Downtown Atlanta, take I-75/I-85 South. Continue at exit 242 to I-85 South, past Hartsfield-Jackson Airport. Take Exit 47 (Ga-34, Newnan/Shenandoah). Turn Right onto Bullsboro Drive/GA-34 West. Go approximately .7 miles and turn Left onto Newnan Crossing Bypass. Go 2.4 miles and turn Left onto Poplar Road. Take the 2nd entrance into the Piedmont Medical Plaza on the Right. Continue to the Medical Office Building ahead. We are on the 2nd floor, Suite 260.

***Traveling North from Columbus/LaGrange:** Travel North on I-85. Take Exit 47 (Ga-34, Newnan/Shenandoah). Turn Left onto Bullsboro Drive/GA-34 West. Go approximately .7 miles and turn Left onto Newnan Crossing Bypass. Go 2.4 miles and turn Left onto Poplar Road. Take the 2nd entrance into the Piedmont Medical Plaza on the Right. Continue to the Medical Office Building ahead. We are on the 2nd floor, Suite 260.

Fayetteville Office

1233 West Highway 54, Suite 210—Fayetteville, Ga. 30214

***Traveling South from Downtown Atlanta:** From downtown Atlanta, take I-75/I-85 South. Continue at exit 242 to I-85 South, past Hartsfield-Jackson International Airport. Take Exit 61 (Peachtree City/Fairburn). Turn left onto GA Hwy 74/Senoia Road. Just within the city limits of Tyrone, take the second left onto Sandy Creek Road. Follow Sandy Creek Road for approximately 4.7 miles and turn right to stay on Sandy Creek Road. Go 0.9 miles and turn left to stay on Sandy Creek Road. Go 0.8 miles and turn right to Ga. 54/West Lanier Ave. Take your first right into the Medical Office Building driveway (just before the entrance to the Piedmont Fayette Hospital). Take the elevator to the 2nd floor, suite 210.

***Traveling from South of Atlanta Coming North on I-75 :** Travel North on I-75. Take Exit 237A (Riverdale Road Exit). This exit becomes State Road GA Hwy 85. Travel South on State Road GA Hwy 85 for approximately twelve (12) miles to Fayetteville. At the courthouse square in downtown Fayetteville, turn right at the light on GA Hwy 54 / Lanier Avenue toward Peachtree City. Piedmont Fayette Hospital will be three (3) miles on your right at the traffic light. Turn right into the Medical Office Building driveway just BEFORE the hospital entrance. Take the elevator to the 2nd floor, suite 210.

Established Patient

Wellons Combs Dooley FVL Office NWN Office Date: _____

Name: _____ DOB: ____/____/____

Chief Complaint: _____

Do you smoke? Yes No Have you ever used tobacco? Yes No

Has your condition/symptoms improved? Yes No Stabilized? Yes No Worsened? Yes No

Have you had a Pneumonia vaccine? Yes No if no, why not? _____

**Pharmacy _____ Pharmacy phone # _____

Pharmacy address _____

Location of pain: _____

Describe your type of pain: aching burning cramping itching stabbing tingling

What helps? Hose rest/elevation walking lying down OTC medications other _____ none

What causes your pain? walking prolonged sitting standing other _____ none

Severity of pain: _____ (rate pain level from 1-10)

How long has there been pain? _____ How often do you have pain? _____

Location of swelling: _____

What helps? Hose rest/elevation walking lying down OTC medications other _____ none

What causes your swelling? walking prolonged sitting standing other _____ none

Severity of swelling: _____ (rate swelling from mild to severe)

How long has there been swelling? _____ How often do you have swelling? _____

Do currently have any of these symptoms? dizziness slurred speech headaches loss of vision/vision changes
facial drooping loss of balance weakness on one side or the other

***Please check the box for any of the following that apply to your health. If none apply to you, please make sure to mark the "none apply" box. ***

General: weight loss weight gain fatigue fever none apply

Ears, nose, throat: sinus problems hearing problems nose bleeds sore throat mouth sores other none apply

Cardio: chest pains palpitations/irregular rhythm heart murmur shortness of breath difficulty breathing

sleep disturbances swelling in feet swelling in hands hypertension none apply

Respiratory: shortness of breath cough sleep apnea nausea none apply

GI: abdominal pain/swelling constipation diarrhea heartburn nausea vomiting black stool none apply

GU: incontinence burning urgency prostate problems renal failure hematuria none apply

Extremity: amputation bone/joint pain burning legs/feet weakness cold sensation/hands/feet numbness in arms/leg painful calf when walking difficulty walking pain in legs at night swelling legs/feet ulcers arms/hands ulcers legs/feet varicose veins spider veins none apply

Skeletal: pain-back hip shoulder knee muscle cramps weakness arthritis none apply

Neuro: fainting loss of vision change in speech numbness/tingling dizziness headaches unsteadiness none apply

Psychiatric: depression memory insomnia anxiety none apply

Endocrine: dry skin excessive thirst hot flashes/intolerance to heat/cold enlarged glands hair loss none apply

Hemat: Hx of blood transfusion slow to heal enlarged glands anemia bleed/bruise easily none apply

Dialysis/Renal Patients

Kidney Doctor/Nephrologist: _____

Are you on dialysis? Yes No When did you last dialyze? _____

Do you have a Fistula or Graft? Yes No if so, Right or Left

Do you have a Perma Cath? Yes No Any pain?(1-10) _____ swelling? _____ (mild-severe)

Dialysis days: MWF T TH SAT Dialysis Center: _____

STOP HERE! PLEASE DO NOT FILL OUT BEYOND THIS POINT

Physical Exam

Name: _____ Date: ____/____/____

BP: ____/____ L-R Temp: _____ Pulse: _____ Resp: _____ HT: ____/____ WT: _____

CC: _____

Ulcer R L **Location:** Ankle Calf Thigh Mid Foot/Heel Foot or Toe: 1st digit 2nd digit 3rd digit 4th digit 5th digit

Size: _____ **Depth:** Skin Fat Muscle Bone

Dominant Hand: Right Left **Appearance:** well developed well nourished obese malnourished elderly thin

Grooming: well groomed disheveled unkempt multiple tattoos malodorous

Distress: none ill appearing in pain lethargic appearing tired tearful toxic appearing

Eyes: **Glasses:** Y Drive only read only N **Contacts:** Y N **Blind:** R L normal lids lid edema redness PEERLA

Hearing: normal ABN AID Right ear Left ear both ear disease ear injury **Nose:** sinus tenderness normal

discolored on oxygen spider veins nose bleeds

Mouth: **Dentures:** Yes upper partial No **Tonsils:** Yes No **Tooth Pain:** Yes No

Skin: clear dry pink/healthy discolored bruising spider veins VV ulcers pale

Nails: **Hands:** normal pitted ridged thick discolored **Feet:** normal pitted ridged thick discolored

Neck: **Bruit:** R L none **Masses:** Yes No **Supple:** Yes No **JVD:** normal abnormal

Respiration: clear breath sounds rubs wheezes normal abnormal

Heart: **Murmur:** Y N **Rate:** normal abnormal **Rhythm:** normal abnormal **Bruits:** Y N pacemaker/difib

Ambul/Musc: ambulatory normal gait shuffles slow stooped unsteady cane walker wheelchair PA-M

Abdomen: **Bowel sounds:** Y N **Masses:** Y N **Bruits:** Y N flat/rounded/hernia soft/tender/non tender/scars

Neurological: alert/oriented x3 confused trembling neuropathy hands feet none

Stroke: L side weakness R side weakness **Speech:** normal loud stutter slowed flat

Psych: normal mood depression anxious agitated flat argumentative litigious **Flu Vaccine:** Yes No

Tobacco Use: never used tobacco current amount/freq. _____ previously...how long _____ **Pneumonia Vaccine:** Yes No

<u>Pressures</u>	<u>Right</u>	<u>Left</u> _____	<u>Palpable pulse</u>	<u>Right</u>	<u>Left</u>
Doppler	_____	_____	PT	Y/N	Y/N
PT	_____	_____	DP	Y/N	Y/N
DP	_____	_____	Radial	Y/N	Y/N
Index	_____	_____	Graft/Fistula	Thrill	No Thrill
Index	_____	_____	Smoking Counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Physician Recommendations/Orders: _____