

**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.***

Dear Mr/Mrs. \_\_\_\_\_

You have an appointment on \_\_\_\_\_

with Dr. \_\_\_\_\_ At our \_\_\_\_\_ office (directions enclosed).

Enclosed you will find the forms you are required to complete at each visit. 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 complete these forms to the best of your ability and bring it back with you to your appointment, along with your picture ID and insurance. **DO NOT MAIL IT BACK TO US.**

When you arrive in our office we will need to know if there have been any additional changes/additions to your medical and surgical history, as well as, any changes in your medications since your last visit. Please bring an updated list of your medications. If you are allergic to any medications we need to know what the drug is and what kind of reaction you experienced.

If you have an HMO insurance policy, it is your responsibility to obtain a referral for your appointment. If your referral is not in our records at the time of your visit, you forfeit your appointment time and may be worked in or reschedule your appointment.

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 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.**

**James M. Combs, M.D.**

## **Piedmont Newnan Hospital 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 2<sup>nd</sup> entrance into the Piedmont Medical Plaza on the Right. Continue to the Medical Office Building ahead. We are on the 2<sup>nd</sup> 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 2<sup>nd</sup> entrance into the Piedmont Medical Plaza on the Right. Continue to the Medical Office Building ahead. We are on the 2<sup>nd</sup> floor, Suite 260.

## **Piedmont Fayette Hospital Office**

**1267 West Highway 54, Suite 5300—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. Turn right into Piedmont Fayette Hospital at the traffic light. Go around to the back of the hospital-West Entrance (this is also the outpatient surgery entrance). After entering, take the elevators on your RIGHT to the 5<sup>th</sup> floor. We are in suite 5300.

**\*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. Go around to the back of the hospital-West Entrance (this is also the outpatient surgery entrance). After entering, take the elevators on your RIGHT to the 5<sup>th</sup> floor. We are in suite 5300.

**Established Patient**

Wellons    Combs    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. \*\*\*

**Gen:** weight t loss weight gain fatigue none apply

**ENT:** sinus problems hearing problems nose bleeds other none apply

**Cardio:** chest pains palpitations/irregular rhythm heart murmur shortness of breath difficulty breathing  
none apply

**Resp:** shortness of breath cough sleep apnea acid reflux nausea none apply

**GI:** abdominal pain/swelling constipation/diarrhea heartburn none apply

**GU:** incontinence burning urgency prostate problems none apply

**EXT:** 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/legs varicose veins spider veins none apply

**Skel:** 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

**Psych:** depression memory insomnia none apply

**Endo:** dry skin excessive thirst hot flashes/intolerance to heat/cold 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: \_\_\_\_\_

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

**Grooming:** well groomed disheveled unkempt multiple tattoos

**Distress:** none ILL appearing in pain lethargic tired tearful toxic appearing

**Eyes:** **Glasses:** Yes No **Contacts:** Yes No **Blind:** R L normal lids lid edema redness PEERLA

**Hearing:** normal ABN AID **Nose:** sinus tenderness normal discolored on oxygen spider veins

**Mouth:** **Dentures:** Yes 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 disoriented trembling neuropathy stroke weakness

**Psych:** normal mood depression anxious agitated flat argumentative litigious

**Speech:** normal loud stutter slowed flat

**Tobacco Use:** never used tobacco current amount/freq. \_\_\_\_\_ previously...how long \_\_\_\_\_

**Pneumonia Vaccine:** Yes No If no, why not? \_\_\_\_\_

**Colorectal Exam:** Y N Year: \_\_\_\_\_

**Mammogram:** Y N Year: \_\_\_\_\_

Pressures Right Left

Palpable pulse Right Left

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?** Yes No

**Physician Recommendations/Orders:** \_\_\_\_\_