Patient Name: **Birthdate:** **Age:**

VARICOSE VEIN HISTORY

Do you have varicose veins or problems in your:. . . . . LEFT LEG ☐ RIGHT LEG ☐

How long have you had varicose veins? . . . . . _____

Have your veins gotten worse in recent months? . . . . . YES ☐ NO ☐

Have you ever had a blood clot or phlebitis in either leg? . . . . . YES ☐ NO ☐

If yes, when and which leg? _____

If yes, did you take a blood thinning medication after the blood clot/phlebitis? . . . . . YES ☐ NO ☐

Have you ever had any skin ulcerations (skin breakdown)? . . . . . YES ☐ NO ☐

If yes, which side and where? _____

Have you ever had any skin discoloration or skin darkening in your legs? . . . . . YES ☐ NO ☐

If yes, when and where? _____

Have you ever had any trauma to either leg (broken bones, etc)? . . . . . YES ☐ NO ☐

If yes, please describe: _____

Have you ever had any surgery on either leg? . . . . . YES ☐ NO ☐

If yes, please describe:

CURRENT SYMPTOMS

Do you experience any of the following symptoms in your legs?

Aching/Pain . . . . . YES ☐ NO ☐

Heaviness . . . . . YES ☐ NO ☐

Tiredness/Fatigue . . . . . YES ☐ NO ☐

Itching/Burning . . . . . YES ☐ NO ☐

Swollen Ankles . . . . . YES ☐ NO ☐

Leg Cramps . . . . . YES ☐ NO ☐

Restless Legs . . . . . YES ☐ NO ☐

Throbbing . . . . . YES ☐ NO ☐

Do you elevate your legs to relieve discomfort? . . . . . YES ☐ NO ☐

Do you wear compression stockings? . . . . . YES ☐ NO ☐

If yes, do they provide relief? . . . . . YES ☐ NO ☐ PARTIALLY ☐

Do you wear light support hose? . . . . . YES ☐ NO ☐

If yes, do the support hose provide relief? . . . . . YES ☐ NO ☐ PARTIALLY ☐

Do you have a problem walking? . . . . . YES ☐ NO ☐

If yes, how does it affect you? _____

Do you stand much at home? . . . . . YES ☐ NO ☐

Do you stand much at work? . . . . . YES ☐ NO ☐

Does standing affect or bother your legs? . . . . . YES ☐ NO ☐

If yes, please describe: _____

PRIOR VEIN TREATMENTS

Have you ever had your veins evaluated before? . . . . . YES ☐ NO ☐

If yes, when and where? _____

Have you ever had any tests done on your veins?. . . . . YES ☐ NO ☐

Have you ever had any vein injections? . . . . . YES ☐ NO ☐

If yes, when and which leg? _____

Have you ever had any vein stripping surgery? . . . . . YES ☐ NO ☐

If yes, when and which leg? _____

Have you ever had any laser treatments on either leg? . . . . . YES ☐ NO ☐

If yes, when and which leg? _____