

VEIN SCREENING FORM

Please complete left side of form only.

Date: _____ Appt Time: _____ Screening Provider: _____

Name: _____ Primary Care Physician: _____

DOB: _____ Sex: M F Insurance Provider: _____

I. Vascular History

Do you have or have you ever been diagnosed with:

- Varicose vein problems Y N Leg: R L
 Phlebitis (vein redness/tenderness) Y N Leg: R L
 Blood clots Y N Leg: R L
 Deep vein thrombosis (DVT) Y N Leg: R L
 Saphenous vein reflux Y N Leg: R L

Do you experience any of the following in your leg(s):

- Aching/pain Y N Leg: R L
 Heaviness Y N Leg: R L
 Tiredness/fatigue Y N Leg: R L
 Itching/burning Y N Leg: R L
 Swelling Y N Leg: R L
 Cramps Y N Leg: R L
 Restless legs Y N Leg: R L
 Throbbing Y N Leg: R L
 Skin or ulcer problems Y N Leg: R L
 Other: Y N Leg: R L

Which of the following do you currently do to improve your leg vein symptoms:

- Medication for pain Y N What? _____
 Elevation of legs Y N What? _____
 Wear support hose Y N What? _____

II. Family History

Have any of your family members had:

- Varicose veins Y N Who? _____
 Vein stripping Y N Who? _____
 Blood coagulation disorder Y N Who? _____
 Blood clots Y N Who? _____
 Stroke, heart attacks or pulmonary emboli Y N Who? _____

III. Vein Treatment History

Have you ever been treated for varicose veins with:

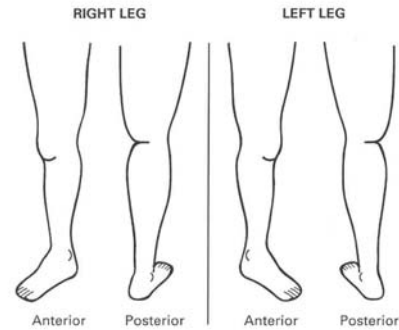
- Sclerotherapy Y N Leg: R L
 Laser therapy (spider veins) Y N Leg: R L
 Phlebectomy Y N Leg: R L
 Vein stripping surgery Y N Leg: R L
 RF ablation (VNUS Closure®) Y N Leg: R L

IV. Personal Activities List

Does your work require:

- Prolonged standing periods Y N
 Prolonged sitting periods Y N
 Do you exercise regularly? Y N
 Do you smoke? Y N
 Pregnancies Y N How many? _____

V. Vein Screening (to be completed by screening provider)



Physical Exam:

CEAP Clinical Signs:

RIGHT LEG (check all that apply)

- No signs of venous disease Spider veins
 Visible varicose veins Edema
 Pigmentation Healed ulcers Active ulcers

LEFT LEG (check all that apply)

- No signs of venous disease Spider veins
 Visible varicose veins Edema
 Pigmentation Healed ulcers Active ulcers

Clinical Assessment:

- Chronic venous insufficiency R L
 Other: _____ R L

Treatment Plan:

- Duplex ultrasound R L
 Sclerotherapy R L
 Medical compression stockings R L
 Other: _____ R L

Screening Provider Signature: _____

Follow-up Appointment

Date: _____ Time: _____

Physician: _____

Physician Phone Number: _____

NOTES: