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Vein Screening Form:

Date:						Sex: (Circle One) M F		
Name:						Screening Provider:Primary Care Physician:		
Date of Birth:								
Patients please complete	this:	side o	f the fo	rm o	nly.	Vein Screening (To be completed by Screening Physician)		
Vascular History						Right Lee Left Leg		
Do you have or have you ever been diagnosed with:								
Varicose vein problems Blood Clots	1	YN	Leg:	R	L			
Blood Clots	,	Y N	Leg:	R	L			
Deep Vein Thrombosis (DVT) Saphenous Vein Reflux	1	YN	Leg:	R	L			
Do you currently have any of the	follov	wing s	sympton			?)		
Aching / pain Y Heaviness Y Tiredness / Fatigue Y Itching / Burning Y Swelling Y	N		Leg:		L	1) 10 10 11		
Heaviness Y	N		Leg:					
Tiredness / Fatigue Y	N		Leg:			Anterior Posterior Anterior Posterior		
Itching / Burning Y	N		Leg:	R	L			
Swelling Y Cramps Y Restless Legs Y Throbbing Y	N		Leg:			Physical Exam:		
Cramps Y	N		Leg:	R	L	CEAP Clinical Signs:		
Restless Legs Y	N		Leg:	K	L	PIONT I PO (OL A BIA)		
Skin or Ulcer Problems Y	N		Leg:	R.	L L	RIGHT LEG (Check all that apply)		
Skin of Older Problems	14		Leg:	K	1.	☐ No signs of venous disease ☐ Visible Varicose veins		
What do you appeally do to impr	02/0 1/	one to	a cumpt	one?	,	Pigmentation		
What do you currently do to improve your leg symptoms? Medication for pain Y N What medications: Elevation of legs Y N					Healed ulcers			
Elevation of lags V N	1	nat n	icuicatio	M15		Spider veins		
Wear support hose Y N	1					Edema		
wear support nose						Active ulcers		
Family History						Lineare decis		
Have any of your family members	had:					LEFT LEG (Check all that apply)		
Varicose Veins			Y	N		No signs of venous disease		
V/-:- ('4-!!			Y			☐ Visible varicose veins		
Blood coagulation disorder Blood clots			Y			Pigmentation		
Blood clots			Υ 1	N		Healed ulcers		
Stroke heart attacks or pulmona	ry em	iboli	Y 1	N		☐ Spider veins		
						□Edema		
Vein Treatment History						☐ Active ulcers		
Have you ever been treated for var	ricose	vein	s with:					
Sclerotherapy	Y	N	Leg:	R	l.	Clinical Assessment		
Sclerotherapy Laser therapy (spider veins) Phlobectomy Vein stripping surgery RF Ablation (VNUS Closure)	Y	N	Leg:	R	L	Chronic venous insufficiency R		
Phlobectomy	Y	N	Leg:	R	Ł	Other:		
Vein stripping surgery	Y	N	Leg:	R	L.			
RF Abiation (VNUS Closure)	Y	N	Leg:	K	L	Treatment Plan:		
Personal Activities List						Duplex Ultrasound R L		
						Sclerotherapy R 1.		
Does your work require: Prolonged standing periods	v	*1				Medical Compression Stockings R L		
Prolonged standing periods Prolonged sitting periods	Y	N				Other: R 1.		
Do you exercise regularly?		N				Other Notes		
Do you smoke?	Ý	N				Other Notes:		
Pregnancies	Ý	N	How	Many	:			
				- run y				
Patient Signature:						Screening Provider Signature:		