

VARICOSE VEIN QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS. ELABORATE WHEN NECESSARY.

NAME		
DOB	AGE	SEX
WHO IS YOUR PRIMARY CARE PHYSICIAN?		
NAME OF REFERRING PHYSICIAN:		

HOW DID YOU HEAR ABOUT US?

- WEBSITE TV PHYSICIAN EVENT
 RADIO FRIEND INSURANCE LIST OTHER:

1. DO YOU EXPERIENCE ANY OF THE FOLLOWING SENSATIONS IN YOUR LEGS? PLEASE CHOOSE ALL THAT APPLY.

- ACHING HEAVINESS FATIGUE BURNING
 CRAMPING THROBBING PAIN TIREDNESS
 ITCHING SWELLING RESTLESS LEGS OTHER:

2. WHEN DID YOU FIRST NOTICE VEIN-RELATED DISCOMFORT?

3. HOW DOES YOUR LEG PAIN AFFECT DAILY ACTIVITIES?

4. HAVE YOUR VEINS WORSENERD IN RECENT MONTHS? YES NO

5. DOES ELEVATING YOUR LEGS RELIEVE YOUR DISCOMFORT? YES NO

6. DO YOU WEAR SUPPORT/COMPRESSION HOSE PRESCRIBED BY A DOCTOR? YES NO

A. IF YES, FOR HOW LONG?

B. DO THEY PROVIDE RELIEF? YES NO

7. HAVE YOU EVER HAD BLEEDING WITH YOUR LEG VEINS? YES NO

8. DO YOU HAVE ANY PROBLEM WALKING? YES NO

9. HAVE YOU EVER HAD YOUR VEINS EVALUATED? YES NO

A. IF SO, WHEN AND WHERE?

10. HAVE YOU EVER HAD ANY TESTS DONE ON YOUR VEINS? YES NO

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11. HAVE YOU EVER HAD VEIN STRIPPING OR PHLEBECTOMY SURGERY? YES NO
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- A. IF SO, WHEN, WHERE, AND WHICH LEG?
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12. HAVE YOU EVER HAD SCLEROTHERAPY VEIN INJECTIONS? YES NO
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- A. IF YES, WHEN, WHERE, AND WHICH LEG?
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13. HAVE YOU EVER HAD A BLOOD CLOT? YES NO
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14. HAVE YOU EVER HAD PHLEBITIS? YES NO
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- A. IF YES, WHEN AND WHICH LEG?
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15. HAVE YOU HAD A VENOUS STASIS ULCER? YES NO
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DOES ANYONE IN YOUR FAMILY HAVE VARICOSE VEINS, SPIDER VEINS, OR LEG ULCERS?
PLEASE CHOOSE ALL THAT APPLY.

- MOTHER FATHER SISTER(S) BROTHER(S) CHILDREN