



Vein Screening

Name: _____ DOB: _____

Date: _____ Time: _____

I. How did you hear about us?

- Television
- Radio
- Magazine
- Doctor: _____
- Newspaper
- Internet/Website
- Friend
- Other:

II. Vascular History

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 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 have you tried to improve your symptoms:

- Advil, Tylenol, other meds Y N What? _____
- Elevation of legs Y N What? _____
- Wear compression Y N Since? _____

III. 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? _____

IV. Vein Treatment History

Have you ever been treated for varicose veins with:

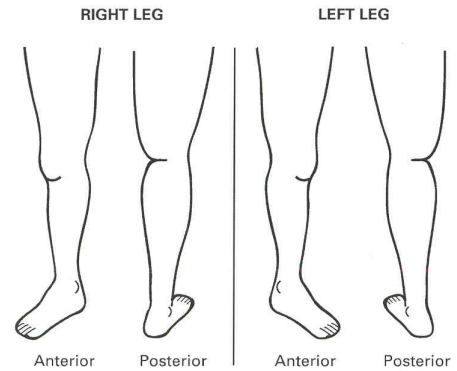
- Sclerotherapy Y N Leg: R L
- Laser therapy (spider veins) Y N Leg: R L
- Phlebectomy Y N Leg: R L
- Vein stripping surgery Y N Leg: R L
- RF ablation (VNUS Closure®) Y N Leg: R L

V. 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 _____

(to be completed by screening provider)

VI. Vein Screening



Physical Exam:

CEAP Clinical Signs:

RIGHT LEG (check all that apply)

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

LEFT LEG (check all that apply)

- No signs of venous disease
- Visible varicose veins
- Pigmentation
- Healed ulcers
- Spider veins
- Edema
- 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 Rx
- Other: _____ R L

Screening Provider Signature: _____

Sclero notes:

Est sessions: _____ Est cost/ session: _____
Discussed before/after limitations:

Other notes: