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Patient Venous History

Patient Name: ____Date:______________________

What is the main reason for your visit today? ____

How long have you had this problem? _________ Years _________ Months Which Leg? ○Right ○Left ○Both

Please check which symptoms you have:

○Leg Pain ○Tired/Heavy Legs ○Discoloration ○Ankle Swelling
○Itching ○Aching/Throbbing ○Burning ○Stinging / Tingling
○Leg Cramps ○Open Sore/Ulcer ○Red Warm Areas ○Restless Legs
○None ○Other: _________________________

On a scale from 0(none) to 10 (severe), how would you rate your symptoms? __________

Have your symptoms/veins gotten worse in recent months? ○No ○Yes

Are your symptoms worse with? ○Prolonged sitting/standing ○Hot Baths ○Menstrual Cycle ○Walking

Are your symptoms improved by? ○Rest and Elevation ○Walking

How do your symptoms alter your daily activities at work/housework?

○Have to stop activity to rest or elevate leg ○Unable to complete tasks
○Other__________________________________

Do your symptoms restrict your leisure activities?

○Sports ○Hobbies ○Social Life ○Family ○Other__________________________________

Do you stand much at work/home? ○No ○Yes
Do you need to stop and rest your legs during the day? ○No ○Yes
Do you need to rest/elevate your legs at the end of your day? ○No ○Yes
Do you exercise regularly? ○No ○Yes

○Walk ○Run/Jog ○Gym ○Other____

Have you ever worn prescription compression stockings? ○No ○Yes If yes; For how long? _________________

○ < 3months ○ > 3months ○ > 6months

Date first worn? _____________

Pressure: ○20-30 mmHg ○ 30-40 mmHg
Type: ○Knee-hi ○Thigh-hi ○ Pantyhose

Any improvement of symptoms with stockings? ○No ○Yes
Have you taken any medications for your symptoms? ○No ○Yes ○ OTC ○ Prescription For how long?__________
Any improvement of symptoms with medications? ○No ○ Yes
Have you ever had treatment for veins? ○No ○Yes ○ Right ○ Left ○ Both

○ Stripping ○ Ultrasound Guided Sclerotherapy ○ Sclerotherapy ○ Phlebectomy ○ Thermal Ablation

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Patient Signature ____ Date ______________________________________

Recommendation: ____