Vein Questionnaire

Patient Name:_____ **D.O.B.** _____

Date of Visit:_____ **Physician:**_____

Past Medical History:

1. Have you ever had vein stripping surgery? □ Yes □ No
   □ Right Leg Date:_____
   □ Left Leg Date:_____

2. Have you ever had vein injections? □ Yes □ No
   □ Right Leg Date:_____
   □ Left Leg Date:_____

3. Have you ever had a blood clot? □ Yes □ No
   □ Right Leg Date:_____
   □ Left Leg Date:_____

4. Have you ever had phlebitis (inflammation in the vein)? □ Yes □ No
   □ Right Leg Date:_____
   □ Left Leg Date:_____

Personal History: (check all that apply)

1. Do you experience any of the following in your legs?

Aching / pain	□ Yes	□ No	□ Right	□ Left	□ Both
Heaviness	□ Yes	□ No	□ Right	□ Left	□ Both
Tiredness / fatigue	□ Yes	□ No	□ Right	□ Left	□ Both
Itching / burning	□ Yes	□ No	□ Right	□ Left	□ Both
Swollen ankles	□ Yes	□ No	□ Right	□ Left	□ Both
Leg cramps	□ Yes	□ No	□ Right	□ Left	□ Both
Restless Legs	□ Yes	□ No	□ Right	□ Left	□ Both
Throbbing	□ Yes	□ No	□ Right	□ Left	□ Both
Bruising	□ Yes	□ No	□ Right	□ Left	□ Both
Bleeding	□ Yes	□ No	□ Right	□ Left	□ Both
Leg Ulcer	□ Yes	□ No	□ Right	□ Left	□ Both

Other_____

(*Continued on back)*

2. Have your veins gotten worse in recent months? □ Yes □ No

3. Do you take any medication for pain? □ Yes □ No
If yes, what do you take and how many times / mgs. per day? _____

4. Do you elevate your legs to relieve discomfort? □ Yes □ No
If yes, how long per day do you elevate and does it provide relief?_____

5. Do you exercise? □ Yes □ No
If yes, what kind of exercise and how often?_____

6. Do you wear prescription compression stockings? □ Yes □ No
How long have you worn them?_____

7. Do you wear light support hose (i.e. Sheer Energy)? □ Yes □ No
If yes, do they provide relief? □ Yes □ No

8. Do you have any problems walking? □ Yes □ No
If yes, how often does it affect you?_____

9. What type of work do you do?_____
How long do you stand (hours per day) at work?_____ At home?_____

10. Have you ever had any test(s) done on your veins? □ Yes □ No
If yes, when?_____ Type of test(s)?_____ Where on leg?_____

11. Have you been diagnosed with saphenous vein reflux? □ Yes □ No □ Unknown

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