

VEIN SCREENING ASSESMENT

Name:	Date:
Primary Insurance:	Secondary Insurance:
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:
How did you hear about us:	

HISTORY

Have you ever had varicose veins or bulging veins? YES NO

SIGNS AND SYMPTOMS

Do you experience any of the following in your legs or ankles?

- Leg pain, aching or cramping
- Burning or itching of the skin
- Leg or ankle swelling, especially at the end of the day
- "Heavy" feeling in legs
- Varicose veins
- Skin discoloration or texture changes, such as above the inner ankle
- Open wounds or sores, such as above the inner ankle
- Restless legs

RISK FACTORS

Has anyone in your family ever had varicose veins? YES NO

Have you had any treatments or procedures for vein problems? YES NO

Do you sit or stand for long periods of time, such as at work? YES NO

Do you frequently engage in heavy lifting? YES NO

Additional Notes

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