

## Vein Screening

### I. Vascular History

Do you have or 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 any of 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 do you currently do to improve your leg vein symptoms:

- Medication for pain  Y  N What? \_\_\_\_\_  
 Elevation of legs  Y  N What? \_\_\_\_\_  
 Wear support hose  Y  N What? \_\_\_\_\_

### II. 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 \_\_\_\_\_  
 Stroke, heart attacks or pulmonary emboli  Y  N Who? \_\_\_\_\_

### III. 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  
 RG ablation (VNUS Closure®)  Y  N Leg:  R  L

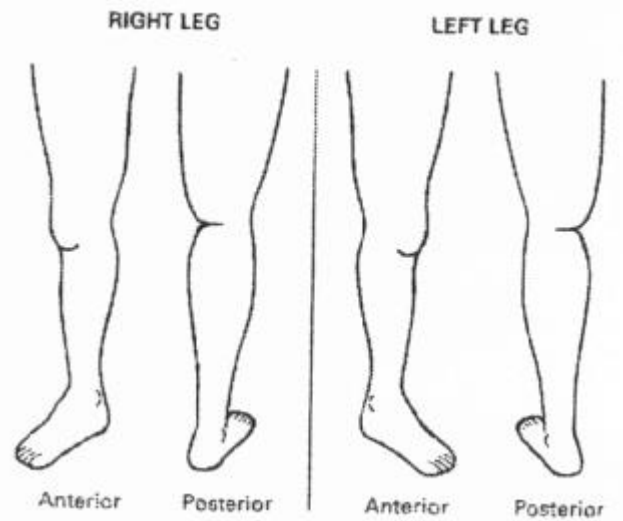
### IV. Personal Activities List

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? \_\_\_\_

How did you hear about our services? \_\_\_\_\_

### V. Vein Screening (to be completed by screening provider)



*Physical Exam:*

CEAP Clinical Signs:

*Right Leg (check all that apply)*

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

*Left Leg (check all that apply)*

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

Notes: \_\_\_\_\_  
 \_\_\_\_\_

Screening Provider Signature: \_\_\_\_\_  
 \_\_\_\_\_