

**VEIN SPECIALISTS OF NORTHWEST GEORGIA
VASCULAR SURGICAL ASSOCIATES, P.C.**

Patient Questionnaire: Veins

Patient Name: _____

Today's Date: _____ **Patient Date of Birth:** _____ **Chart#:** _____

_** Please fill out form completely. This will be included in the paperwork sent to your insurance company requesting approval for varicose vein treatment.

Which leg is bothering you today?

- | | |
|-------------------------|----------------------------------|
| Right leg | Both legs, right worse than left |
| Left leg | Both legs, left worse than right |
| Both legs symmetrically | |

How long have you had :

Varicose Veins ? _____

Swelling? _____

Open wounds? _____

Do your symptoms affect your activities of daily living:

1. Are they affecting your job performance? Yes or No
2. Are they disturbing nightly rest? Yes or No
3. Are they causing issues with completing household duties? Yes or no
4. Are they affecting your caretaking abilities? Yes or no

Have you ever used any of the following conservative treatments for varicose veins?

1. **Prescription compression hose?** YES NO

- What grade/strength compression? (Please circle one)

20-30mmHg 30-40mmHg 40+mmHg unsure

- How long have you used compression hose? _____

2. **Do you elevate your legs to reduce discomfort?** YES NO

-If yes, how long have you tried this? _____

3. **Have you tried exercise to help relieve your symptoms?** YES NO

-If yes, what have you tried? _____

-For how long? _____

4. **Have you tried any medications to reduce pain or discomfort from your legs?**

-If yes, what have you tried? _____

(EXAMPLES: MOTRIN, ADVIL, TYLENOL or PRESCRIPTION MEDS)

-For how long? _____

Despite conservative measures do you have any of the following: (Please circle any that apply)

- | | | | |
|--------------------|------------|-------------------------------------|-----------|
| Bulging veins | Aching | Recurrent superficial phlebitis | |
| Discolored veins | Burning | Hemorrhage/Bleed from varicose vein | |
| Spider veins | Itching | Muscle Cramps | |
| Skin color changes | Heaviness | Leg fatigue | |
| Ulcerations | Throbbing | Stinging | |
| Leg pain | Sharp pain | Leg swelling | Dull pain |

Patient

Signature: _____ Date _____