

VENOUS QUESTIONNAIRE

Name: _____

DOB: _____ Age: _____

Referral Source:

- Friend or relative Former patient of Vascular Surgery Web (veininstitutemidwest.com)
 Advertisement _____ Insurance Drive by Physician _____
(First & last name)MD/DO/DPM/PA/NP

Chief Complaint (check all that apply):

- varicose veins swelling of the legs/ankles
 spider veins sores that won't heal

Which leg? left leg right leg both legs

Symptoms include:

- pain burning throbbing heaviness achiness
 itching fatigue cramping swelling restless legs

1. How long have you had these symptoms?

- 6 months one year several years

2. Are they getting worse? yes no

3. Do your symptoms interfere to some degree with activities of daily living? yes no

4. Do you wear currently wear compression stockings or have you worn them in the past? yes no

Style: knee-high thigh-high pantyhose

Which leg? left leg right leg both legs

Worn how long? 3 months 6 months greater than 6 months

If you are wearing or have previously worn compression stockings for a period of 3 months or greater, has your pain (any degree) progressed despite wearing them? yes no

5. My symptoms are improved with:

- leg elevation compression stockings walking
 pain medication Motrin, Aleve, Advil, ext...

6. Do you have a venous ulcer? yes no

Which leg? left leg right leg both legs

If yes, what has your treatment included?

antibiotics external compression (stockings or tubigrips) no treatment

7. Do you require occasional pain medications for relief? yes no

8. Do your legs cramp (calf, thigh, and buttocks) as a result of walking? yes no

Which leg? left leg right leg both legs

9. My history of Vein treatment includes (please check those that apply):

Thermal ablation (laser or radiofrequency) Ligation and stripping Varicose vein excision

Sclerotherapy No prior history of vein treatment other _____

Which leg? left leg right leg both legs

10. My history includes (please check those that apply):

Family History: deep vein thrombosis cancer inherited blood clotting disorder

Personal History: deep vein thrombosis cancer inherited blood clotting disorder

pregnancy oral contraceptives or hormone use

obesity (greater than 50 lbs over ideal body wt.) recent major illness or surgery

11. Do you have a personal history of DVT? yes no

Which leg? left right both legs

Which vein segment did it involve? don't know common femoral vein popliteal vein
iliac vein inferior vena cava

12. Do you have a history of phlebitis? yes no

Which leg? left leg right leg both legs

13. Do you have a history of bleeding from your varicose veins? yes no

Which leg? left leg right leg both legs

14. Do you take blood thinners? yes no

If yes, please list: Warfarin/Coumadin Plavix Lovenox Aspirin