

## VEIN SCREENING FORM

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

### Vein Screening - Answer Yes or No / which Leg: Right leg or Left leg?

Do you experience any of the following in your leg(s)?

Aching/Pain  Y  N Leg:  R  L

Heaviness  Y  N Leg:  R  L

Bulging Varicose Veins  Y  N Leg:  R  L

Tiredness/Fatigue  Y  N Leg:  R  L

Spider Veins & Leg pain  Y  N Leg:  R  L

Itching/Burning  Y  N Leg:  R  L

Swelling/Edema  Y  N Leg:  R  L

Cramps/Throbbing  Y  N Leg:  R  L

Restless Legs  Y  N Leg:  R  L

Non-Healing wounds/ulcers  Y  N Leg:  R  L

### VARICOSE VEINS

Bulging veins



### CHRONIC VENOUS INSUFFICIENCY

Leg Swelling



Skin color and texture changes



Venous ulcers



## VEIN CENTER CONTACT SHEET

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SCHEDULING

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