VEIN SCREENING ASSESSMENT

Name:	Date:
Primary Insurance:	Secondary Insurance:
Sex ☐ M ☐ 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

Have you ever had varicose veins or bulging veins? ☐ Yes ☐ No

Additonal Notes

Print Name:_____ Patient Signature:_____