PACIFIC VASCULAR SPECIALISTS

VARICOSE VEIN QUESTIONNAIRE

This form must be completed in full prior to your consultation.

PATIENT NAME: ______________________ **DOB:** ____________ **DATE:** ____________

		YES	NO
1.	Do you experience any of the following symptoms? *(Circle your answers)*		
	▪ Aching/ pain in your legs?	☐	☐
	▪ Heaviness in your legs?	☐	☐
	▪ Tiredness/ fatigue?	☐	☐
	▪ Itching/ burning?	☐	☐
	▪ Swollen ankles/legs?	☐	☐
	▪ Leg Cramps?	☐	☐
	▪ Restless legs?	☐	☐
	▪ Throbbing?	☐	☐
	▪ Other? ____________		
2.	Have your veins gotten worse in recent months?	☐	☐
	If yes, explain: ____________		
3.	Do you take any medication for pain (i.e. Advil, Aleve, etc…)?	☐	☐
	If yes, explain: ____________		
4.	Do you elevate your legs to relieve discomfort?	☐	☐
5.	Do you wear support stockings/compression socks?	☐	☐
	If YES:		
	▪ Were they prescribed by a doctor?	☐	☐
	▪ What strength? (15-20mmHg, 20-30mmHg, etc.) ____________		
	▪ Do they provide relief?	☐	☐
	▪ How long have you been wearing them consistently? ____________		
6.	Do you have problems with walking due to vein pain?	☐	☐
7.	At work do you stand most of your day?	☐	☐
	▪ At home?	☐	☐
8.	Do you have problems with doing the following tasks?		
	▪ Doing the dishes?	☐	☐
	▪ Dressing?	☐	☐
	▪ Bathing?	☐	☐
	▪ Daily meal prep?	☐	☐
9.	Have you ever had any tests or procedures done on your veins?	☐	☐
	If yes, when, what type of test/procedure and what location on the leg? ____________		
10.	Have you been diagnosed with saphenous vein reflux?	☐	☐
11.	Do you experience repeated incidence of:		
	▪ Surface vein inflammation/swelling?	☐	☐
	▪ Bleeding from your vein?	☐	☐
	▪ Non-healing wounds on your legs?	☐	☐
	▪ Stasis dermatitis (darkening of the skin in the legs)?	☐	☐