

Advanced Vascular Surgery, Venous, Access & Imaging Center
Patient Venous History

Name: _____ Age: _____ Date: _____

Address: _____ City: _____ St: _____ Phone: _____

How did you hear about us? _____

Hours per day standing: _____ Opportunity to walk and move about frequently? Y N

Hours per day sitting: _____ Opportunity to walk and move about frequently? Y N

Chief Complaint: _____

Symptoms:	Left	Right	Symptoms:	Left	Right
Aching/Pain	Y N	Y N	Bleeding From Vein (s)	Y N	Y N
Heaviness	Y N	Y N	Ulcer Formation	Y N	Y N
Itching/Burning	Y N	Y N	Multiple Ulcers	Y N	Y N
Swelling	Y N	Y N	Rope Like Veins	Y N	Y N
Leg Cramps	Y N	Y N	Superficial Phlebitis	Y N	Y N
Restless Legs	Y N	Y N	Deep Phlebitis	Y N	Y N
Throbbing	Y N	Y N	History of Blood Clot	Y N	Y N
Fatigue	Y N	Y N	Spontaneous Bruising	Y N	Y N

Symptoms occur with: Standing Reclining Sitting Walking

How long have symptoms been present? _____

Women: Are symptoms related to or worse with menstruation? Y N

Are you currently using hormone replacement therapy or birth control? Y N

Previous Vein Treatment: Type? _____ When? _____

Use of Pain Relievers: Y N Type, dose, frequency: _____

Symptom relief with: Compression Elevation Pain Relievers Other _____

INDICATIONS FOR TREATMENT OF VARICOSE VEINS

1. A failed 3 month trial of conservative therapy such as: (Circle all that apply)

	<u>Length of Trial Period</u>	<u>Symptoms Relieved?</u>
A. Exercise	_____	Y N
B. Periodic leg elevation	_____	Y N
C. Weight loss	How many pounds? _____	Y N
D. Compressive therapy R L N/A	_____	Y N
E. Avoidance of prolonged immobility where appropriate:		Y N

AND

2. The patient is symptomatic and has any one, or more, of the following: (Circle all that apply)

- A. Pain, aching, cramping, burning, itching, and/or swelling during activity or after prolonged standing, severe enough to impair mobility.
- B. Recurrent episodes of superficial phlebitis
- C. Non-healing skin ulceration
- D. Bleeding from a varicosity
- E. Stasis dermatitis
- F. Refractory dependent edema

3. The treatment of **Spider Veins/Telangiectasis** will be considered medically necessary ONLY if there is associated bleeding. Do you have any associated bleeding at this time? Yes or No (Circle One)

Patient Signature: _____ Date: _____