

NAME: _____ DATE OF BIRTH: _____

1. When did you first notice enlarged veins? _____

2. Is one leg worse than the other? Right _____ Left _____ Same _____

3. How do the veins bother you?

- Sharp Pain YES NO
- Aches / Discomfort YES NO
- Congestion / Pressure YES NO
- Swelling YES NO
- Itching YES NO
- Appearance YES NO

4. Have you ever had these problems?

- Clots in legs (Phlebitis) YES NO Dates: _____
- Deep Vein Thrombosis YES NO Dates: _____
- Clots in Lungs (Embolus) YES NO Dates: _____
- Leg / Ankle Ulcers YES NO Dates: _____
- Vein Ultrasound YES NO Dates: _____
- Taken Blood Thinners YES NO Dates: _____

5. Describe any experience with support stockings: _____

6. Do you take medication for the symptoms in your legs?

_____ Dates: _____

7. How do these symptoms affect with your daily life or work? _____

8. Does leg elevation improve your symptoms? YES NO

9. If you are experiencing leg swelling when do you notice it during the day and does it resolve overnight?

During the Day YES NO

Resolved Overnight YES NO

10. Have you had any weight loss? YES NO

11. Have you had any weight gain? YES NO

12. Do you do Physical Activity / Exercise? YES NO

CONFIDENTIAL