Vascular & Surgical Care Northwest
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VARICOSE VEIN QUESTIONNAIRE

Name: ______________________________ **MRN:** ____________________ **DOB:** __________

1. How long have you had varicose veins? ____
   ____
2. Does your occupations require long periods of standing? Please describe.
   ____
   ____
3. Do you have symptoms of
   a. Calf aching, made worse with sitting or standing? ☐ YES ☐ NO
   b. Do you have itching in the legs? ☐ YES ☐ NO
   c. Do you notice development of ankle swelling during the day?
      ☐ YES ☐ NO
4. Do you sit down during the day and elevate your legs to relieve symptoms?
   ☐ YES ☐ NO
5. Do you sleep with the foot of bed elevated or use a recliner?
   ☐ YES ☐ NO
6. Have you ever been told you had a clot in your veins (i.e, DVT)?
   ☐ YES ☐ NO
7. Have you had a previous episode of ☐ Phlebitis
   ☐ Bleeding from a varicose vein
   ☐ Non-healing skin ulcer
8. Do you have a family history of
   a. Varicose veins? ☐ YES ☐ NO
   b. Clots in the veins or pulmonary embolus? ☐ YES ☐ NO
9. Do you wear compression hose consistently? ☐ YES ☐ NO
   a. If so, were they prescribed and were your legs measured before the fitting?
      ☐ YES ☐ NO
10. Have you ever had any intervention your varicose veins? ☐ YES ☐ NO
    a. If YES, which procedure? ☐ Vein stripping
       ☐ Laser procedure
       ☐ Injections
11. Women only:
    a. Do you have a history of varicose veins in the genital area during pregnancy?
       ☐ YES ☐ NO
    b. Do you notice your varicose vein symptoms worsen during your monthly menstrual cycle? ☐ YES ☐ NO

Patient Signature: ____________________________________ Date: ______________

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VARICOSE VEINS—Physician Checklist

Name: ______________________________ MRN: ____________________ DOB: __________

- ☐ Photographs
- ☐ Date of stocking prescription
- ☐ Stocking Size: _______________
- ☐ How often is the stocking to be worn? ________________
- ☐ Three month follow-up
- ☐ Medications (e.g. Ibuprofen): ____________________________
- ☐ Ultrasound with reflux including millimeters (mm)
- ☐ How does it affect daily living?

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