Princeton Surgical Associates

Patient Name_____ Physician_____
Age: _____ Wgt: _____ lbs. Date:_____

Most varicose vein surgeries are covered through medical insurance. Many insurance carriers would require a six (6) month trial of conservative management.

When did you first notice enlarged veins? _____

1. Is one leg worse than the other? Right Left Same
2. How do the veins bother you?

Sharp pain	yes	no	Clots in legs (phlebitis)	yes	no
Aches/discomfort	yes	no	Deep vein thrombosis	yes	no
Congestion/pressure	yes	no	Clots in lungs (embolus)	yes	no
Swelling	yes	no	Leg/ankle ulcers	yes	no
Itching	yes	no	Ultrasound/duplex	yes	no
Appearance	yes	no	Blood thinners	yes	no

4. If yes to any of the questions in #4 –when/where treated/dosage _____

   _____
5. Have you tried compression stockings?_____
   Results_____ Length of Time_____
6. Have you had previous injection therapy for your veins? yes no
   Results _____ Dates_____
7. Have you or have you ever had the following:

Weight change of 10 lbs. In last 6 months	yes	no
Easy bruising or free bleeding	yes	no
Leg pain caused by walking	yes	no
Major injury or surgery in your legs	yes	no

8. Number of pregnancies/deliveries_____ Dates _____
9. Do you take aspirin or blood thinner regularly? _____
   Dosage_____ Length of time_____
10. Do you take over-the-counter pain medications for varicose veins?
    If so, what med._____ Dosage & length of time_____
11. Any other symptoms related to varicose veins? _____

TO BE COMPLETED BY PHYSICIAN

1. Diameter, in millimeters, of varicosities_____
2. Location of veins to be treated_____
3. Diagnostic tests performed and results _____

COMMENTS: _____

_____

_____

_____ _____

SIGNATURE DATE