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:

			Have you ever had:		
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

3. If yes to any of the above questions – when/where treated/dosage _____
4. Have you tried compression stockings? (Most insurance carriers require a 3-6 month trial of compression stockings) _____
   If not, why_____ Length of time _____
5. Have you had previous injection therapy or surgery for your veins? yes no
   Results _____
6. Have you now or ever had the following:

Weight change of 10 lbs. in the 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
Do you elevate your legs	yes	no

7. Number of pregnancies/deliveries _____ Dates_____
8. Do you take aspirin or blood thinners regularly?_____
   Dosage_____ Length of time _____
9. Do you take over-the-counter medication for painful varicose veins"?
   If so, what med._____ Dosage & length of time _____
10. 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