



Vein Screening Form

Date: _____ Patient Name: _____
DOB: _____ Insurance plan: _____

Vein Screening – Answer Yes or No / which Leg: Right leg or Left leg?

Do you experience any of the following in your leg(s)?

Aching / Pain Y N Leg: R L

Heaviness Y N Leg: R L

Bulging Varicose veins Y N Leg: R L

Tiredness / fatigue Y N Leg: R L

Spider Veins & Leg pain Y N Leg: R L

Itching / Burning Y N Leg: R L

Swelling / Edema Y N Leg: R L

Cramps /Throbbing Y N Leg: R L

Restless Legs Y N Leg: R L

Non-Healing
wounds/Ulcers Y N Leg: R L

