



## Leg Vein History

Name \_\_\_\_\_

What is the reason why you are seeking treatment? Cosmetic Medical

Have you seen any other doctors for treatment or your veins? Yes No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you or have you ever worn compression stockings? Yes No

Do/did they help you? Yes No

Do you experience any of the following symptoms in your legs?

Aching/Pain	Yes	No
Heaviness	Yes	No
Tiredness/Fatigue	Yes	No
Swollen Ankles	Yes	No
Leg Cramps	Yes	No
Throbbing	Yes	No
Restless Leg	Yes	No

Are there any other leg symptoms?

\_\_\_\_\_

\_\_\_\_\_

Do you have a problem walking? Yes No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are your symptoms worse at the end of the day?

\_\_\_\_\_

Are the problems that you are having in your legs interfering with your lifestyle?

\_\_\_\_\_