Northwest Vascular Consultants, Inc.
General and Vascular Surgery
Varicose Vein Patient Questionnaire

Please complete and bring this form with you to your first appointment.

To all our potential varicose vein surgery patients:
Your insurance company may require the questions and criteria below be met before authorization can be considered or approved for varicose vein surgery. Please read this carefully and complete.
Thank you.

Patient Name: _____ Age _____
(Print Name)

Which of the following symptoms do you demonstrate? (check all that apply)

[ ] Blood clots [ ] Itching over the varicose veins [ ] Swelling in legs or ankles
[ ] Ulcers or open sores [ ] Heaviness or aching in the legs [ ] Large rope-like veins
[ ] Bleeding varicose veins [ ] Burning sensation in the legs [ ] History of phlebitis
[ ] Veins that have spontaneously ruptured leaving a large bruise
[ ] Brown pigmentation changes around the ankle and lower leg
[ ] Leg pain-
- How would you rate the pain on a 1-10 scale? _____
- Primarily when do your legs hurt, and how often? _____

_____

What conservative measures have you taken to alleviate symptoms? (Check all that apply)

[ ] Leg elevation [ ] Warm bath [ ] Topical ointment to relieve itching
[ ] Increase in exercise [ ] Decrease in exercise [ ] Pain medication (name)_____
[ ] Weight loss
[ ] Compression stockings:
[ ] Prescription - How long? _____ months
Force of compression? [ ] Not Known [ ] 20 [ ] 40 [ ] 40+
[ ] Over the counter - How long? _____ months

Have symptoms caused you to repeatedly miss work, modify your duties, or seek assistance with activities of daily living or normal household activities?
[ ] No [ ] Yes - if yes, please describe. _____

_____

_____

_____ _____
(Patient Signature) (Date)

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