

Name: _____ Date: _____

Date of Birth: _____ Phone: _____

Chronic Venous Insufficiency (commonly known as CVI or varicose veins) is a common circulation problem in which the valves in the veins of the legs (vessels carrying the blood back to the heart) and arms become weakened and non-compliant.

Please fill out this questionnaire to see if you have symptoms

1. Do you experience pain in your legs when walking? YES NO
2. Do you have swelling in your legs? YES NO
3. Do you have swelling in the morning? YES NO
4. Do you have Diabetes? YES NO
5. Have you ever had a blood clot in your legs (DVT or Deep Vein Thrombosis) YES NO
6. Does your job or daily activity require standing for long periods of time? YES NO
7. Do you have any painful sores or ulcers on your legs or feet that are not healing? YES NO
8. Do you have noticeable distended vein? YES NO
Where? THIGHS CALF BEHIND KNEE ANKLE FOOT
9. Do you have varicose veins or spider veins? YES NO
Where? THIGHS CALF BEHIND KNEE ANKLE FOOT
10. Have you ever had surgery to your veins in your legs, vein removal for open heart surgery, vein stripping in your legs, or cosmetic vein repair? YES NO
11. Have you ever had a test on your legs (blood pressure cuffs on your ankles), sometimes known as PVR? YES NO
12. Have you ever had a venous sonogram (also called venous Doppler)? YES NO
If yes, when? _____
13. Do you have any of the following risk factors?
 High Cholesterol Current Smoker Previous Smoker High Blood Pressure
 Kidney Problems Stroke Mini Stroke