

# Paragon Surgical Specialists

## Vein 3-6 mo Follow Up Form

Insurance companies require medical documentation of varicose vein symptoms and preventative measures that have been taken to help alleviate the need for surgical therapy. Please take a moment to complete this questionnaire, which will become part of your medical record.

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Symptoms: Please circle all that still apply:

*Pain swelling ulceration blood clot itching burning leg cramps heaviness*  
*Ache legs fatigue throbbing skin discoloration jittery legs*

Do you avoid hot baths? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you elevate your legs? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of hours a day: \_\_\_\_\_

Have any of your symptoms improved? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you continuing to wear your hose? Yes \_\_\_\_\_ Number of hours a day: \_\_\_\_\_

Date you purchased your hose? \_\_\_\_\_

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Please circle the type of pain medication you take for your legs:

Advil, Ibuprofen, Aleve, Naproxen, Aspirin, Goody Powder, Motrin

How often a day do you take this medication? \_\_\_\_\_ Dosage : \_\_\_\_\_

How do your symptoms still interfere with your activities of daily living, i.e. walking, standing long periods of time, working, exercise, etc.?

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
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**I hereby affirm that the information provided on this form is true and complete to the best of my knowledge.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Account No. \_\_\_\_\_ Witness: \_\_\_\_\_ MD Initial: \_\_\_\_\_

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