

Paragon Surgical Specialists
Initial Vein Consult 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.

Symptoms: Please circle all that apply

Pain swelling ulceration blood clot itching burning leg cramps heaviness
achy legs fatigue throbbing skin discoloration jittery legs numbness tingling hemorrhage Date _____ # _____

Do you avoid hot baths? Yes _____ No _____

Do you elevate your legs? Yes _____ No _____ Number of hours in a day: _____

Daily analgesic use.

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: _____

Have you worn compression hose in the past: _____

Any Drug Allergy's: _____

Vein surgery: Y/N When _____ What kind: ablation injection stripping ligation

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

1. _____
2. _____
3. _____
4. _____

ONSET: _____ Sudden
_____ Gradual

DURATION: _____ Weeks
_____ Months
_____ Years

SEVERITY: _____ Mild
_____ Moderate
_____ Severe

COURSE: _____ Increasing
_____ Constant
_____ Recurrent

LOCATION: _____ Right Leg
_____ Left Leg
_____ Both Legs

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: _____