

CURRENT LEG CONCERNS		YES	NO
1	Varicose veins		
2	Spider veins (small red/blue/purple veins)		
3	Leg pain, leg cramps: If yes, <input type="checkbox"/> worse at rest <input type="checkbox"/> worse with walking		
4	Achiness, heaviness, tingling: If yes, <input type="checkbox"/> worse at rest <input type="checkbox"/> worse with walking		
5	Itching, color change		
6	Restless legs, tiredness		
7	Open sore on leg: if yes, <input type="checkbox"/> currently <input type="checkbox"/> in the past		
8	Do you take any over the counter remedies for relief of your leg symptoms? (i.e. Tylenol, Ibuprofen, Aspirin, creams, herbals)		
9	Swelling of the legs/ankles/feet? Which side: <input type="checkbox"/> Right <input type="checkbox"/> Left Present in: <input type="checkbox"/> Morning <input type="checkbox"/> Evening		
11	Have you ever had superficial phlebitis? (Tender, red, thickened cord along path of a vein, visible)		
12	Have you ever had deep vein thrombosis (DVT)? (Blood clot in deep veins of leg) If yes, please answer the following questions, if no skip to #13		
	Were you hospitalized for the DVT?		
	Was your leg swollen?		
	Were you given blood thinners?		
	Did this happen after pregnancy, surgery, or injury?		
	Did the blood clot pass into your lung (pulmonary embolism)?		
13	Have you ever had sudden bleeding from a vein?		
14	Do your legs feel more comfortable elevated?		
COMPRESSION STOCKING USE		YES	NO
1	Are you currently using compression or support stockings? If yes please answer the following questions, if no please skip to #2		
	Were they obtained with a written prescription?		
	Do you experience relief or improvement of symptoms with use?		
	Are your stockings more than 6 months old?		
	Do you wear them daily? If yes, how many hours per day? _____		
	How many months/years have you worn the stockings? _____		
2	Have you worn compression or support stockings in the past? If yes, when? _____		
LADIES ONLY		YES	NO
1	Do you have a history of spontaneous miscarriages?		
2	Are you taking birth control pills or other hormones?		
3	Have you had a tubal ligation (sterilization) or hysterectomy?		
4	Has your husband had a vasectomy?		
5	Is there a possibility you might be pregnant? <b>If yes please inform us!</b>		
<b>It is advisable that you NOT undergo sclerotherapy treatments if you are or may be pregnant!</b>			

I hereby give my consent for photographs of my leg veins to be taken by Dr. Gueldner/Leanna Beaumont, APNP or their staff to assist in my treatment, document problems for my insurance company and for use in educational settings as they deem useful.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Above information was reviewed, and modified if indicated, by \_\_\_\_\_

