

Date of Birth:

Gender:

- Female
- Male

Local Zip Code

Do you have leg pain?

- None
- Occasionally
- Daily
- Limits Activity

Do you have swelling of the ankle or leg?

- None
- By Morning
- By Afternoon
- By Evening

Do you have visible varicose veins?

- Yes
- No

Have you had major surgery lasting over an hour in the last month?

- Yes
- No

Are you pregnant or had a baby within the last month?

- Yes
- No

In the past month, if you have felt pain in the legs, what was the intensity of this pain?

- No Pain
- Light Pain
- Moderate Pain
- Strong Pain
- Intense Pain

Using the images below as a reference, please check the condition below that correspond to the condition of your legs.

- No visible signs of venous disease
- Spider veins, reticular veins, malleolar flare
- Varicose Veins
- Swelling without skin changes
- Chronic skin changes (pigmentation, eczema, thickened skin)
- Chronic skin changes with healed ulceration
- Chronic skin changes with active ulceration



Spider veins, reticular veins,
malleolar flare



Varicose veins



Edema without skin changes



Chronic skin changes (pigmen-
tation, eczema, lipodermato-
sclerosis, atrophie blanche)



Chronic skin changes with
healed ulceration



Chronic skin changes with
active ulceration

First Name:

Last Name:

Phone Number:

Email:
