

VENOUS INSUFFICIENCY QUESTIONNAIRE

Name: _____ Date: _____

Please describe your symptoms (location, quality, severity, timing, exacerbating/relieving factors):

In which leg(s) do you have symptoms? Both Right Left

Do you have persistent symptoms interfering with your activities of daily living? Yes No

Do you have aching/burning/itching/cramping or swelling during activity or after prolonged sitting? Yes No

Do you have recurrent episodes of superficial phlebitis, nonhealing skin ulcers, bleeding from varicosity, stasis dermatitis or refractory dependent edema? Yes No

Have you avoided prolonged periods of immobility to improve the symptoms? Yes No

Have you tried to elevate your leg(s) to improve the symptoms? Yes No

Have you tried gradient compression stockings? No Yes How long? _____

Do you exercise? No Yes How often? _____

Have you lost any weight? No Yes How much? _____

Are you taking pain medication for this problem? No Yes What medication/dose? _____

I understand that photographs may be taken during my office visit for documentation purposes solely.

Patient signature: _____ **Date:** _____

TO BE COMPLETED BY THE PHYSICIAN:

ANATOMY:

- Yes No Absence of aneurysm in the target segment
- Yes No Maximum vein diameter less than 12 mm
- Yes No Absence of thrombosis or vein tortuosity (which would impair catheter advancement)
- Yes No Absence of significant peripheral arterial disease

DIAGNOSIS:

- 448.9 Bleeding varicosities (Other and unspecified capillary diseases)
- 454.0 Varicose veins of lower extremities - with ulcer
- 454.1 Varicose veins of lower extremities - with inflammation
- 454.2 Varicose veins of lower extremities - with ulcer and inflammation
- 454.8 Varicose veins of lower extremities - with other complications (edema, pain, swelling)
- 459.81 Venous (peripheral) insufficiency, unspecified

Physician signature: _____ **Date:** _____