

(Please Affix Patient Label Here)

Patient Name:

UCLA ID/MRN #:

GONDA (GOLDSCHMIED) VENOUS CENTER

200 UCLA MEDICAL PLAZA, SUITE 504

TEL. (310) 825-4357

FAX: (310)206-8382

VEIN SCREENING FORM

PATIENT INFORMATION

I. PATIENT HEALTH HISTORY

Do you have or have you ever been diagnosed with:

MEDICAL:

- Diabetes
- Hypertension
- Hepatitis
- Bleeding disorders
- Heart Disease
- Stroke

If yes, specify:

VASCULAR:

	Yes	No	Right	Left	Both
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- Varicose vein problems..... Y N R L Both
- Phlebitis (redness/tenderness of vein)..... Y N R L Both
- Blood clots..... Y N R L Both
- Deep vein thrombosis (DVT).... Y N R L Both
- Saphenous vein reflux..... Y N R L Both

Do you experience any of the following in your leg(s):

- Aching/pain..... Y N R L Both
- Heaviness..... Y N R L Both
- Tiredness/fatigue..... Y N R L Both
- Itching/burning..... Y N R L Both
- Swollen ankles..... Y N R L Both
- Leg cramps..... Y N R L Both
- Restless legs..... Y N R L Both
- Throbbing..... Y N R L Both
- Skin or ulcer problems..... Y N R L Both
- Pain with menstruation..... Y N N/A

Other:

Have your veins gotten worse in recent months?..... Y N

Do you have any problems walking?..... Y N

If yes, how does it affect you?

Which of the following do you currently do to improve your leg vein symptoms?

Medication for pain N Y:

Elevation of legs..... Y N

Wear light support hose (e.g., "Sheer Energy")..... Y N

What brand? Duration of use?

Do they provide relief?..... Y N

Wear support hose prescribed by a doctor..... Y N

What brand? Duration of use?

Do they provide relief?..... Y N

II. VEIN TREATMENT HISTORY

Have you ever been treated for varicose veins with:

Sclerotherapy Y N R L Both When:

Laser therapy (spider veins) Y N R L Both When:

Stab phlebectomy Y N R L Both When:

Vein stripping surgery Y N R L Both When:

RF Ablation or EVLT Y N R L Both When:

Have you ever had any test(s) done on your veins?

Duplex Scan Y N R L Both When:

MR Venogram Y N R L Both When:

Other: R L Both When:

III. FAMILY HISTORY

Do any of your family members have or used to have:

Varicose veins..... Y N Who:

Spider veins..... Y N Who:

Vein Stripping..... Y N Who:

Blood coagulation disorder..... Y N Who:

Blood clots..... Y N Who:

Leg ulcers..... Y N Who:

Swollen legs..... Y N Who:

Stroke, heart attacks, or pulmonary emboli.... Y N Who:

IV. PERSONAL ACTIVITIES

Does your work require prolonged periods of standing? Y N

Does your work require prolonged periods of sitting? Y N

Do you exercise regularly?..... Y N

Do you smoke?..... Y N

Do you stand much at home?..... Y N

Are you/have you been pregnant? Y N N/A How many?