

# Varicose Vein Office Examination Questionnaire

Patient Last Name \_\_\_\_\_ Patient First Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Primary Physician: \_\_\_\_\_

Have you ever been hospitalized before? Yes No

If yes, please specify when and for what reason: \_\_\_\_\_

Have you ever had surgery of any kind? Yes No

If yes, please explain: \_\_\_\_\_

Please list any allergies you may have: \_\_\_\_\_

Please list all of the medications that you currently take (please include doses and how often) \_\_\_\_\_

## Vein History

What is the reason why you are seeking treatment? Cosmetic Medical

Have you seen any other doctors for treatment of your veins? Yes No

If yes, please explain: \_\_\_\_\_

Do you or have you ever worn compression stockings? Yes No

If yes, please list what type you use(d): \_\_\_\_\_ Do/did they help? Yes No

Have you ever had a blood clot in your legs? Yes No

If yes, please detail when and in which leg: \_\_\_\_\_

Do you experience any of the following symptoms in your legs?

Aching/Pain	Yes	No	Swollen Ankles	Yes	No
Heaviness	Yes	No	Leg Cramps	Yes	No
Tiredness/Fatigue	Yes	No	Throbbing	Yes	No
Itching/Burning	Yes	No	Restless Legs	Yes	No

Any other leg symptoms? \_\_\_\_\_

Do you have problems walking? Yes No

If yes, please explain: \_\_\_\_\_

Are your symptoms worse at the end of the day? Yes No

Are the problems you are having in your legs interfering with your lifestyle? Yes No

## **ENDOVASCULAR LASER TREATMENT**

### **PRE PROCEDURE**

The procedure will take approximately 1 hour. We have prescribed a mild sedative for you to take with the following directions:

Ativan 0.5 mg. 1 tablet 30 minutes prior to the procedure. 1 tablet at time of procedure. 1 tablet in your pocket. Your prescription is included in this packet. You will need to have someone drive you home as this is a sedative, but neither this, nor the procedure, will impair your ability to walk.

You will have been prescribed compression stockings. It is very important that you wear these 1 week prior to the procedure. Do not wear them to the procedure but please bring them with you as they will be placed on you after the procedure.

If you are taking an anticoagulant such as: Warfarin, Coumadin, Eliquis, Pradaxa, or Xarelto please stop them the day prior to the procedure. You will resume them when you go home the evening of the procedure. You may take your other daily medications.

You may eat and drink the day of the procedure.

We ask that you wear old underwear that may be discarded after the procedure. They may become soiled with the antiseptic that we use. All efforts will be made to maintain your modesty.

## **ENDOVASCULAR LASER TREATMENT**

### **POST PROCEDURE**

Immediately after the procedure you will need to walk in the parking lot for 15 minutes prior to going home. You may feel tired after the procedure. This is due to the Ativan. You may go home and rest once you have completed the 15 minutes of walking. Please try to walk 10 minutes every hour that you are awake for the rest of the day.

You will have a pressure bandage and the compression hose applied before you leave the office. Please leave this on for the day of the procedure. The following day roll down the stockings and remove the bandage. The stockings must then be rolled up and work **continuously** for 7 days. You will shower with the stockings on the day following the procedure. Use a towel to dry off the stockings, this will take about 10 minutes to dry.

You may notice some fluid leaking on the stocking from the needle insertion site. Clean with wet wash cloth.

If you do not have an Aspirin allergy and are not taking Coumadin, Eliquis, Pradaxa, or Xarelto, please take three 200 mg tablets of Advil, Motrin, or Ibuprofen, 3 times a day for 3 days. That is a total of 1800 mg daily. After 3 days you may take as needed for discomfort. The discomfort usually peaks at 72 hours and gradually subsides after that.

Do not submerge your legs in water for 7 days; no swimming or tub baths during this time. After 7 days you may do so.

You may resume your normal activities or return to work the day after the procedure. The only restriction is no heavy lifting or heavy exercise for 1 week.

You will be scheduled for a repeat ultrasound 1 week post procedure. This will be scheduled after your procedure.

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Patient signature & date

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Physician signature & date