

Naperville Vein Clinic Vein History Form

Please make a check mark next to each of the following symptoms you may be experiencing:

- Cramping, Aching, Tired Legs
- Leg swelling during prolonged standing or other activity
- Impaired ability to perform normal activities
- Veins bulging with stagnant blood
- Non-healing skin ulceration
- Tender and/or reddish veins
- Progressively deteriorating condition

Please make a check mark next to any of the following conservative therapies you may have tried for at least 6 months before seeking treatment:

- Periodic leg elevation
- Exercise
- Weight loss
- Compression Stockings
- Avoidance of prolonged standing/immobility where appropriate

Does your job or other activity require you to stand on your feet for extended periods of time? Please describe:

PATIENT SIGNATURE _____

DATE _____