



Puget Sound
Vein Center

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VARICOSE VEINS

How long have you had varicose veins? _____

Do you now have or have you had:	Right	Left
Heavy or aching legs	_____	_____
Ankle Swelling	_____	_____
Night Cramps	_____	_____
Phlebitis	_____	_____
Sores or leg Ulcers	_____	_____
Skin pigment changes (discoloration)	_____	_____
Painful legs	_____	_____
Bleeding from the Veins	_____	_____
Dermatitis	_____	_____
Itching	_____	_____

Have you had treatments of?

Compression stockings	_____	_____
Ligation	_____	_____
Vein stripping	_____	_____
Local excision	_____	_____
Sclerotherapy (injections)	_____	_____
Laser	_____	_____

Does anyone in your family have varicose Veins?	Yes	No
How many pregnancies?	_____	_____
Do you smoke?	Yes	No
Are you taking any medications?	Yes	No
Any allergies to medication?	Yes	No
Any other medical problems?	Yes	No
Are you required to be on your feet or sit for long periods of time?	Yes	No