

ASSESSMENT OF VENOUS INSUFFICIENCY

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

- 1) Are the symptoms worse in the LEFT or RIGHT legs, THIGH or CALF, FRONT or BACK of leg?
- 2) Does the pt have any symptoms due to venous insufficiency? Symptoms:  
PAIN SWELLING CRAMPS ACHY HEAVINESS BURNING ITCH DISCOLOR RESTLESS LEG
- 3) If positive swelling, which leg? \_\_\_\_\_ where? \_\_\_\_\_
- 4) If positive discoloration, which leg? \_\_\_\_\_ where? \_\_\_\_\_
- 5) If positive skin changes (hardening, eczema, thickening), which leg? \_\_\_\_\_ where? \_\_\_\_\_
- 6) How severe are symptoms: 1 to 10: \_\_\_\_\_
- 7) When are symptoms worse: MORNING AFTERNOON NIGHT
- 8) Does pt stand a lot? YES or NO
- 9) Does symptom affect daily activities? A) PAIN DURING WORK B) INTERRUPT SLEEP C) RESTLESS LEG
- 10) Has pt worn compression stockings? \_\_\_\_\_ For how long? \_\_\_\_\_ months  
What pressure gradient was stocking? 15-20 20-30 30-40 mmHG
- 11) Previous Medical Hx? \_\_\_\_\_
- 12) Previous Surgical Hx? \_\_\_\_\_
- 13) Previous Arterial Hx? \_\_\_\_\_
- 14) Previous Venous Hx? Any previous vein ablation or stripping? When? \_\_\_\_\_
- 15) Any Hx of DVT, when & which leg? \_\_\_\_\_ Take any anticoagulants? \_\_\_\_\_
- 16) Any Hx of superficial phlebitis (painful, inflamed, swollen skin vein), when & which leg? \_\_\_\_\_
- 17) Family History of varicose vein? YES or NO ONE or BOTH parents
- 18) Cardiovascular Risk Factors: OBESITY HYPERTENSION HYPERCHOLESTEROL FAMILY HX
- 19) Do you take any OTC analgesics? ASPIRIN TYLENOL IBUPROFEN PAIN PILLS
- 20) Any hx of spontaneous vein bleeding? \_\_\_\_\_ Any hx of leg ulcer & where? \_\_\_\_\_