

Northwest Cardiovascular Clinic, P.A.

General/Interventional Cardiology

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Vein Screening Assessment

Name: _____ Date _____

SEX M F Date of Birth _____

How did you hear about us _____

HISTORY

Have you ever had varicose or bulging veins? YES NO

SIGNS AND SYMPTOMS

Do you experience any of the following in your legs or ankles?

Leg pain, aching or cramping?	YES	NO
Burning or itching of the skin?	YES	NO
Leg or ankle swelling, especially at the end of the day ?	YES	NO
“Heavy” feeling in legs?	YES	NO
Varicose Veins?	YES	NO
Skin discoloration or texture changes, such as above the inner ankle?	YES	NO
Open wounds or sores, such as above the inner ankle?	YES	NO
Restless legs ?	YES	NO

RISK FACTORS

Has anyone in your family ever had varicose veins?	YES	NO
Have you had any treatments or procedures for vein problems?	YES	NO
Do you sit or stand for long period of time, such as at work?	YES	NO
Do you do frequently engage in heavy lifting ?	YES	NO

Signature of Patient (or responsible caregiver)

Date