

Date: \_\_\_\_\_

Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female  Marital Status: S  M  D  W

How did you find out about free scan day? \_\_\_\_\_

Have you ever used medical-grade compression hose/stockings?  Yes  No

Do you have any of the following issues? (Please check yes or no)

- | Yes                      | No                       |                        | Yes                      | No                       |  |
|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Leg Pain or Aching     | <input type="checkbox"/> | <input type="checkbox"/> | Restless Legs                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Leg Heaviness          | <input type="checkbox"/> | <input type="checkbox"/> | Current or Prior Leg Ulcers              |
| <input type="checkbox"/> | <input type="checkbox"/> | Leg Itching or Burning | <input type="checkbox"/> | <input type="checkbox"/> | Large, Ropey Veins (Legs)                |
| <input type="checkbox"/> | <input type="checkbox"/> | Leg Throbbing          | <input type="checkbox"/> | <input type="checkbox"/> | Spider Veins (Legs)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Leg Cramping           | <input type="checkbox"/> | <input type="checkbox"/> | Unsightly Veins (Other than on the Legs) |
| <input type="checkbox"/> | <input type="checkbox"/> | Leg/Ankle Swelling     | <input type="checkbox"/> | <input type="checkbox"/> | Prior Vein Treatment                     |

Varicose vein treatment is covered by most medical insurance when medical necessity criteria are met. What insurance are you covered by if a medical evaluation is recommended? \_\_\_\_\_

How may we contact you:

Postal Mail? Yes  No  Voice Message? Yes  No  Whom may we leave a message with? \_\_\_\_\_

Email? Yes  No  Cell phone? Yes  No  Text message? Yes  No  Cell phone carrier? \_\_\_\_\_

*I understand this is a screening exam is not intended to make or exclude a medical diagnosis. With a finding of significant venous reflux we will recommend a medical evaluation. If there is no significant venous reflux on screening ultrasound, you may choose to be evaluated by a nurse for cosmetic vein treatment.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Tennessee Vein Center use only)**

Ultrasound tech \_\_\_\_\_ Reflux on Screening: Right \_\_\_\_\_  
Left \_\_\_\_\_

