TENNESSEE VEIN CENTER

Screening Information

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	
☐	☐	Leg Pain or Aching	☐	☐	Restless Legs
☐	☐	Leg Heaviness	☐	☐	Current or Prior Leg Ulcers
☐	☐	Leg Itching or Burning	☐	☐	Large, Ropey Veins (Legs)
☐	☐	Leg Throbbing	☐	☐	Spider Veins (Legs)
☐	☐	Leg Cramping	☐	☐	Unsightly Veins (Other than on the Legs)
☐	☐	Leg/Ankle Swelling	☐	☐	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 _____