

THE HEART CENTER

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Webster, TX 77598

VEIN SCREENING ASSESSMENT

NAME:	DATE:
Primary Insurance:	Secondary Insurance
Sex: F M Date of birth:	How did you hear about us?

HISTORY

Have you ever had varicose veins 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
- Burning or itching of the skin
- Leg or ankle swelling, especially at the end of the day
- “Heavy” feeling in legs
- Varicose veins
- Skin discoloration or texture changes, such as above the inner ankle
- Open wounds or sores, such as above the inner ankle
- Restless legs

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 periods of time, such as at work? Yes / No

Do you frequently engage in heavy lifting? Yes / No

Have you ever had varicose veins or bulging veins? Yes / No

ADDITONAL NOTES

Print Name: _____ **Patient Signature:** _____