

BEAUMONT NORTHPOINTE HEART CENTER

VENOUS QUESTIONNAIRE

Please complete the below patient questionnaire based on your venous health history and bring it with you to your next office visit.

Name: _____ Date: _____

Age (DOB): _____ Sex: Male or Female (circle one)

Please check which symptom(s) you experience in either or both of your legs?

- | | |
|---------------------------------------|--|
| <input type="radio"/> Pain/ache | <input type="radio"/> Weakness |
| <input type="radio"/> Throbbing | <input type="radio"/> Swelling of ankles or feet |
| <input type="radio"/> Fatigue | <input type="radio"/> Cramping |
| <input type="radio"/> Stinging | <input type="radio"/> Restless legs |
| <input type="radio"/> Heaviness | <input type="radio"/> Bulging of prominent veins |
| <input type="radio"/> Itching/burning | <input type="radio"/> Visible varicose or spider veins |
| <input type="radio"/> Numbness | <input type="radio"/> Ulcers or cracking skin |

Please circle the below questions with an appropriate “Yes” or “No” response.

- | | |
|---|-----------|
| Are your symptoms worse with long periods of standing? | Yes or No |
| Do you elevate your legs to relieve the discomfort? | Yes or No |
| Have you had any prior trauma or surgery to your legs? | Yes or No |
| Have you ever had a clot in your leg(s)? | Yes or No |
| Have you ever had a clot in your lungs? | Yes or No |
| Have you ever worn support stockings prescribed by your doctor? | Yes or No |
| Do you have a family history of vein problems? | Yes or No |
| Do you have varicose or spider veins? | Yes or No |

If you have any questions, please call Northpointe at 248-545-0070