ADVANCED VEIN INSTITUTE of ARIZONA

Office
(480) 454-5562

Please take this self-assessment to see if you might be a candidate for additional screening for potential varicose veins and / or chronic venous insufficiency.

History

Have you ever had varicose veins?
- ◯ Yes
- ◯ No

Signs & Symptoms

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

Do you experience leg pain, aching or cramping?
- ◯ Yes
- ◯ No

Do you experience leg or ankle swelling, especially at the end of the day?
- ◯ Yes
- ◯ No

Do you feel "heaviness" in your legs?
- ◯ Yes
- ◯ No

Do you experience restless legs?
- ◯ Yes
- ◯ No

Do you have skin discoloration or texture changes?
- ◯ Yes
- ◯ No

Do you have open wounds or sores?
- ◯ Yes
- ◯ No

Risk Factors

Have you had any treatments or procedures for vein problems?
- ◯ Yes
- ◯ No

Do you stand for long periods of time, such as at work?
- ◯ Yes
- ◯ No

Do you have a family history of varicose veins?
- ◯ Yes
- ◯ No

Has anyone in your family ever been diagnosed with venous reflux disease or venous insufficiency?
- ◯ Yes
- ◯ No

Self-Assessment Results

If you answered yes to one or more of the above questions, please contact us for a consultation to see if you may be candidate for venous reflux disease.