

VARICOSE VEINS & CHRONIC VENOUS INSUFFICIENCY ASSESSMENT SHEET

NHI:

Name:

Address:

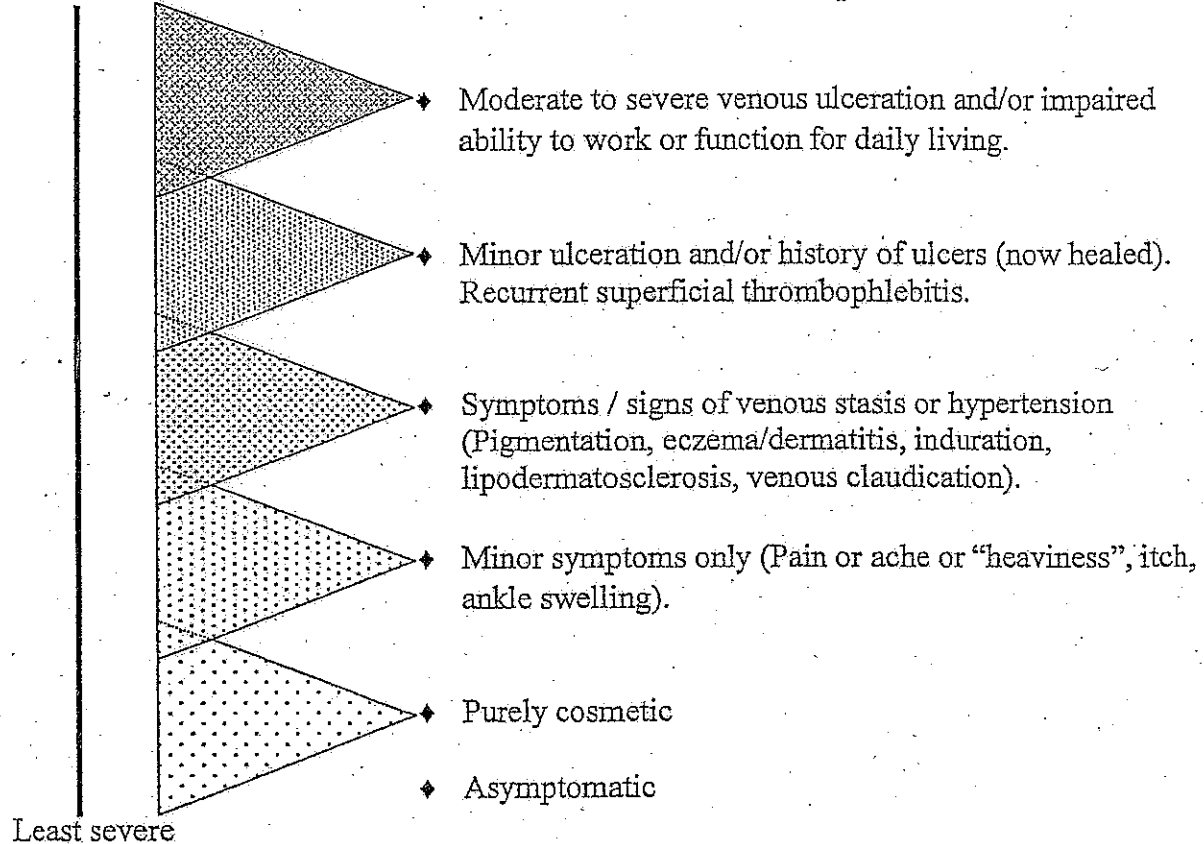
Telephone:

DOB:

Below is a linear analogue scale representing the severity of varicose veins and chronic venous insufficiency. Please place a cross (X) on the scale (vertical line) at the point that best represents the presenting symptoms and signs of this patient. Severity ranges for examples given are indicative only.

Most severe

Examples



Please indicate which symptoms / signs (if any) are of concern:

Venous stasis ulceration	<input type="checkbox"/>	Induration / Lipodermatosclerosis	<input type="checkbox"/>
Venous claudication	<input type="checkbox"/>	Eczema / Dermatitis	<input type="checkbox"/>
Itch	<input type="checkbox"/>	Pigmentation	<input type="checkbox"/>
Pain / Ache / "Heaviness"	<input type="checkbox"/>	Superficial thrombophlebitis	<input type="checkbox"/>
Oedema / Ankle swelling	<input type="checkbox"/>	History of DVT	<input type="checkbox"/>

Glossary:

Lipodermatosclerosis: Characteristic induration, thickening, and/or fibrosis of the skin and subcutaneous tissues in the gaiter area of the leg.

Venous claudication: (Rare) Bursting feeling in the calf after exercise in patients with deep venous occlusion and severely impaired venous return. Not to be confused with intermittent claudication secondary to arterial insufficiency.