

Radiology Associates of the Fox Valley and NEW Vein Center

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Please check any symptoms that you are experiencing in your legs:

Pain: Right Left

Redness: Right Left

Discolored skin: Right Left

Aching: Right Left

Itching: Right Left

Scaling skin: Right Left

Throbbing: Right Left

Burning: Right Left

Hardened skin: Right Left

Heaviness: Right Left

Swelling: Right Left

Weeping skin: Right Left

Fatigue: Right Left

Cramping: Right Left

Ulcers: Right Left

Numbness: Right Left

Restless: Right Left

Other: _____

Have you worn compression stockings?

Yes

No

How do your symptoms affect your daily activity?

Do you need to take medications to help with your symptoms? Over the counter medication (Tylenol, Advil, etc.), diuretics (Lasix, spironolactone, etc.)

Yes

No

Patient Name _____ Date of Birth _____

Today's Date _____