



Name: _____

Date: _____

Your insurance company may require documentation of certain criteria before vein therapy is considered to be medically necessary, and therefore reimbursable through them.

Please describe as completely as possible any physician's names, clinic names and dates of treatments, as well as any prior vein therapy that you have undergone.

What conservative therapies have been utilized in an attempt to decrease your leg symptoms, and for how long?

Leg elevation: _____

Aspirin or other pain relievers: _____

Compression Stockings: _____

Other Therapies: _____

Specifically, how do your leg symptoms affect the quality of your daily activities (work and home)?

Have you ever been diagnosed with blood clots, sometimes referred to as phlebitis?

Have you ever experience bleeding from the veins that was difficult to stop?

Have you ever had a sore on your legs that took longer to heal than you would normally expect?
