



Wisconsin Vein Center & MediSpa

## Clinical Information Request Form: Treatment of Veins

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Provider Name: Dr. Deborah L. Manjoney

Provider Phone #: 262-746-9088

Today's Date: \_\_\_\_\_

Do your daily activities require prolonged periods of standing?  Yes  No

If yes, what activity requires prolonged periods of standing? \_\_\_\_\_

\_\_\_\_\_

If yes, how many times during the day do you have to sit or take a break due to aching, cramping, burning, itching, or swelling in the lower extremities?

Never  Once per day (1)  2 – 3 times per day (2)  4 or more times per day (3)

Do you take over-the-counter medications (e.g., aspirin, ibuprofen, NSAIDS, or a similar type of medication) or prescription medications for aching, cramping, burning, or swelling of the lower extremities?

If yes, what is the medication and dosage? \_\_\_\_\_

If yes, how many days in a two-week period of time do you take the medication?

0 – 2 days (0)  3 – 4 days (1)  5 – 6 days (2)  7 or more days (3)

Have you completed a minimum two-week trial of compression stockings?

Yes  No

If yes, did the trial result in a significant improvement in symptoms?

Yes  No Strength of stockings (in mmHg) \_\_\_\_\_

*(Different insurance companies require different compressions)*

Scale: 0 = no symptoms 1 = mild 2 = moderate 3 = severe

07/27/10