



## THE VEIN CENTERS OF FAIRFAX RADIOLOGICAL CONSULTANTS, P.C.

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- \_\_\_\_\_ I have worn compression hose or active support hose for my current problem for a total of 6 months or longer.
- \_\_\_\_\_ I have been taking over-the-counter anti-inflammatory medications for a total of 6 months or longer for my leg pain.
- \_\_\_\_\_ I have routinely rested and elevated my legs for a total of 6 months or longer to help relieve my leg pain and/or swelling.
- \_\_\_\_\_ My varicose vein problem has caused a physical impairment due to the symptoms of pain, swelling, throbbing, tired/heavy feeling, etc.

These impairments include the following:

- \_\_\_\_\_ I have discussed my varicose vein problem with my primary care doctor or another doctor. My primary care doctor recommended that I do the following for my problem:
- \_\_\_\_\_ I have tried the following on my own to help my symptoms of varicose veins:

Signature \_\_\_\_\_