

## Are you a candidate for a **Vein Consultation**?

Please answer Yes or NO to the following questions:

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Have you ever experienced pain, discomfort, cramping or aching in your legs?			☐ Yes	□ No
Have you ever experienced restless legs?			☐ Yes	□ No
Do you have swelling in your legs?			☐ Yes	□ No
Do you have varicose or spider veins in your legs?			☐ Yes	□ No
Do you have changes in skin color in your legs?			☐ Yes	□ No
In the past or currently do you stand or sit for long periods of time?			☐ Yes	□ No
In the past or currently have you performed frequent heavy lifting?			☐ Yes	☐ No
Would you like to see a vein specialist to discuss any issues you are having?			☐ Yes	☐ No
529 Central Avenue, Dui  VEIN TREATMENT LO  Buffalo  1091 Main St.  Buffalo, NY 14209		Hamburg 5844 Southwestern Bly Hamburg, NY 14075		
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Phone:				
Email:				
Someone from our office	will contact you within a wee	ek to schedule your consult	ation.	
Thank you.				