

VEIN SCREENING FORM

Please complete left side of form only.

Date: _____ Appt Time: _____ Screening Provider: _____
 Name: _____ Primary Care Physician: _____
 DOB: _____ Sex: M F Insurance Provider: _____

I. Vascular History

Do you have or have you ever been diagnosed with:

Varicose vein problems Y N Leg: R L
 Phlebitis (vein redness/tenderness) Y N Leg: R L
 Blood clots Y N Leg: R L
 Deep vein thrombosis (DVT) Y N Leg: R L
 Saphenous vein reflux Y N Leg: R L

Do you experience any of the following in your leg(s):

Aching/pain Y N Leg: R L
 Heaviness Y N Leg: R L
 Tiredness/fatigue Y N Leg: R L
 Itching/burning Y N Leg: R L
 Swelling Y N Leg: R L
 Cramps Y N Leg: R L
 Restless legs Y N Leg: R L
 Throbbing Y N Leg: R L
 Skin or ulcer problems Y N Leg: R L
 Other: Y N Leg: R L

Which of the following do you currently do to improve your leg vein symptoms:

Medication for pain Y N What? _____
 Elevation of legs Y N What? _____
 Wear support hose Y N What? _____

II. Family History

Have any of your family members had:

Varicose veins Y N Who? _____
 Vein stripping Y N Who? _____
 Blood coagulation disorder Y N Who? _____
 Blood clots Y N Who? _____
 Stroke, heart attacks or pulmonary emboli Y N Who? _____

III. Vein Treatment History

Have you ever been treated for varicose veins with:

Sclerotherapy Y N Leg: R L
 Laser therapy (spider veins) Y N Leg: R L
 Phlebectomy Y N Leg: R L
 Vein stripping surgery Y N Leg: R L
 RF ablation (VNUS Closure®) Y N Leg: R L

IV. Personal Activities List

Does your work require:

Prolonged standing periods Y N
 Prolonged sitting periods Y N
 Do you exercise regularly? Y N
 Do you smoke? Y N
 Pregnancies Y N How many? _____

V. Vein Screening (to be completed by screening provider)



Physical Exam:

CEAP Clinical Signs:

RIGHT LEG (check all that apply)

No signs of venous disease Spider veins
 Visible varicose veins Edema
 Pigmentation Healed ulcers Active ulcers

LEFT LEG (check all that apply)

No signs of venous disease Spider veins
 Visible varicose veins Edema
 Pigmentation Healed ulcers Active ulcers

Clinical Assessment:

Chronic venous insufficiency R L
 Other: _____ R L

Treatment Plan:

Duplex ultrasound R L
 Sclerotherapy R L
 Medical compression stockings R L
 Other: _____ R L

Screening Provider Signature: _____

Follow-up Appointment

Date: _____ Time: _____

Physician: _____

Physician Phone Number: _____

NOTES:

CPT CODE	DESCRIPTION
Endovenous Ablation - RF	
36475	Endovenous Ablation RF, 1st vein
36476	2nd and subsequent veins single extremity
Scalerothepy	
36470	One vein
36471	Multiple veins
Ligation, Stripping & Perforator Interruption	
37500	Vascular endoscopy, surgical with ligation of perforator veins , subfascial (SEPS)
37700	Ligation and division of GSV
37718	Ligate/strip short leg vein
37722	Ligate/strip long leg vein
37880	Ligation, division of short saphenous vein at saphenopopliteal junction
37785	Ligation, division and/or excision vein cluster
Stab Phlebectomy	
37765	Up to 20 incisions
37766	20 plus incisions
Duplex Scan	
93970-TC	Complete bilateral
93970-26	Complete bilateral
93971-TC	Unilateral or limited study
93971-26	Unilateral or limited study
Sedation	
99144	Moderate conscious sdation, by same physician, 5yrs plus, first 30 minutes intra-service time
99145	Moderate conscious sdation,by same physician, add-on

OTHER SUPPLY CODES	
99070	Supplies and materials provided by the physician over and above those usually included with office visit or other srvcies rendered(list drugs, trays, supplies or materials provided.)
A4649	Surgical supply: miscellaneous
A4550	Surgical tray or kit

DIAGNOSTIC CODES	
454	Varicose veins with ulcer of lower extremity (any part) or of unspecified site
454.1	Varicose veins with inflammation of the lower extremity (any part) or of unspecified site
454.2	Varicose veins with ulcer and inflammation of lower extremity (any part) or of unspecified site
454.8	Varicose veins with other complications (edema, pain, swelling)
454.9	Asymptomatic varicose veins of lower extermity (any part) or of unspecified site
459.81	Venous (peripheral) insufficiency, unspecified chronic venous insufficiency NOS
707.1	Ulcer of lower limbs, except decubitus
729.5	Pain in limb
729.81	Swelling of limb

MODIFIERS	
26	Professional Compose
TC	Technical Component
47	Anesthesia by Surgeon
50	Bilateral Procedure
51	Multiple Procedures
53	Discontinued Procedure